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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

06 MAR 13 PM 1:31
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.**ACOSTA & VALDES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

EFFECTIVE DATE

03/10/06

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ARTICLE I - Name:

ACOSTA & VALDES, L.L.C.

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

c/o Financial Designs, Inc.
2500 NW 97 AVE Suite 202
DORAL, FL 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JORGE A. VALDES

Name _____

2500 NW 97 AVE., Suite 202,

Florida street address (P.O. Box NOT acceptable)

DORAL, FL 33172

RY

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE
03/10/00

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:**Managing Member**

Frank M. Acosta

5200 Blue Lagoon Drive, Suite 758

Miami, FL 33128

Managing Member

Jorge A. Valdes

2500 NW 87th Avenue, Suite 202,

Doral, FL 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 10, 2006 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jorge A. Valdes

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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