Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

The state of the s

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

ORIDA/FOREIGN LIMITED LIABILITY CO.

first wives club llc

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Electronic Filing Menu Corporate Filing Menu

Help

1 of 1 58/18.9

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SS:81 9002-50-8dt





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	apany is:	
FIRST WIVES CLUB LLC	÷	
(Must end with the words "Limited Limbility Comps	my, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Lisbility Company i	s:
Principal Office Address:	Mailing Address:	
1492 S. Miami Ave., Suite 100	1492 S. Miami Ave., Suite 100	
Miami, Florida 33130	Mijemi, Florida 33130	SECRE
	PRO	<u>ر</u> الإ
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature? own Registered Agent. You must designate an individual or another of the registered agent are:	TARY OF SIAIL
	20 %	-
Mirta Perez		
	Name	
1492 S. Miami A	ve., Suite 100	
Plorida	street address (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (RisQUIRED)

Miami, Florida 33130

(CONTINUED)
Page Lof2

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MUULUO/UL

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

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

<u>Title:</u> "MGR." = Manag	zer	Name and Address:		
"MGRM" = Man				
MGR		Mirta Perez		
	·····	1492 S. Miami Ave., Suite 100		
		Miami, Florida 33130		
MGR		Isabel Alvarez		
		1492 S. Miami Ave., Suite 100		
		Miami, Florida 33130		
	- -			
				
(Use attachment	if meneroemA			
(Ose authornieitt	II Hecessary)			
ARTICLE V: Effective	date, if other than the	date of filing: (OF	TIONA	L)
(If an effective date is lis	ted, the date must be	specific and cannot be more than five ousin		
to or 90 days after the di	nte of filing.)			
REQUIRED SIG	CNATURE:	_		
	0 - 0	. ()		
	Mint	a Decar	22	ي کار
	Signature of a member	r or an authorized representative of a member.	2006 APR -3	SSS
		tion 608.408(3), Florida Statutes, the execution	ळॅ	07. 07.
	of this document consti	intes an affirmation under the penalties of perjusy	င်္ပ	ైవ్≓
	that the facts stated h	cocin are true.)		200 E
	Mirta Perez		*	P OF SI ORPORA
	Ty	ped or printed name of signee	2:-	AIL
			8	Ξ

Figur Pres:

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

- 5 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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