Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000163633 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

via 27, lle

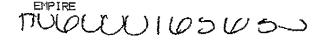
Certificate of Status Certified Copy 0 03 Page Count Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

VIA 27, LLC

ARTICLE I

The name of the Limited Liability Company shall: VIA 27, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41ST STREET, #615, MIAMI, FL 33178-2924.

ARTICLE IV

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, PA, 10520 NW 26TH STREET, SUITE C 201, DORAL, FL 33172.

ARTICLE V

The name and address of the Managing Member(s) for this company shall be:

MANAGING MEMBERS

SERPEPO INVESTMENT CORP.

CARDENAL TECHNOLOGIES LTD.

Address: 10556 NW 26TH STREET, SUITE D 101 DORAL, FL 33172 SECRETARY OF STATE DIVISION OF CORFORATIONS

2006 JUN 21 AM 10: 01

HOLOOO 163 633

H06000163633

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

VIA 27, LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

JOSEPH F. CABANAS CABANAS/ASSOCIATES, P.A.

Registered Agent

Signature of a Member of 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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

H06000163633