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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

REIGN LIMITED LIABILITY CO.

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

frani enterprises, lle

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

HO6000165134

Mailing Address:



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE (- Name:

The name of the Limited Liability Company is:

FRANCENTERPRISES, LLC.

Article	11 _	Artrivates	

Principal Office Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Miami, th 33196	Miami, H 33196.	;
		35
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signatur	É
The name and the Florida street address of	the registered agent are:	777
<u>francis</u>	red Office, & Registered Agent's Signature the registered agent are: (CO LUCCO - Name	.FL.08
	Name	1
14132 5		
Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
Miami	th 33196.	
Chv.	State, and Zip	

Having seen 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 508, F.S..

Registered Agent's Signature

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ARTICLE IV - Management / Member(s):

The riame(s) and address(es) of each Manager or Managing Member is as follows"

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
176R	francisco Ruacca 80% 14132 Sur 149 Ave Hiam, IL 35196.		
Mer.	Anibal knocco 20% 14132 Sw 149 AVE 1410mi, 12 33196		
**************************************		2006 JUN 23 AM 9: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	77 =
(Use attachment if necessary)		23 AM 9: 55 ARY OF STATE ASSEE, FLORID	TITE
NOTE: An additional article must be	e added if an effective date is requested.	9: 5: FORM	
REQUIRED SIGNATURE:	1 2 - [, J	
Signature	of a member or per sufficienced representative of a member.		
the tax	accordence with section 608.408(S), Florida Statutes, scution of this document constitutes an affirmation under enables of perjury that the facts stated herein are true.)		
	Francisco fuecco.		
	Timed or printed name of signes		

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