Division of Corporations

Page I of I

Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((II060001733533)))

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

: GLOBEX AMERICA, CORP.

Account Number : 120050000167 Phone

: (904)382-9815

: (904)212-0213

Fax Number

9- TOF 90

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CISNEROS RE INVESTMENTS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

H06000173353 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: CISNEROS RE INVESTMENTS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the LLC is: 799 Napo Dr - Jacksonville, FL 32217

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

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

Veronica Cisneros 7933 Napo Dr Jacksonville, FL 32217

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 company 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..

Veronica Cisneros

ARTICLE IV - Managers:

Manager

Veronica Cisneros 7933 Napo Dr Jacksonville, FL 32217

Veronica Cisneros

(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

GPO6060000/280

Division of Corporations
SUBJECT: Barbara Joan Intimates (Name of Partnership)
The enclosed Partnership Registration Statement and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel Wolfson (Name of Person)
Barbara Jonn Intimutes (Firm/Company)
3601 N. 29 th Avenue 06/20/0601039006 **50.00
Holly wood FL 33020 (City/State and Zip Code) ARE TO THE TOP TO T
For further information concerning this matter, please call: $ \frac{\text{Joel Wolfson}}{\text{(Name of Person)}} \text{ at } \frac{954}{\text{(Arca Code & Daytime Telephone Number)}} $

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E074 (01/06)

6906-1280 OK