

Florida Department of State

Division of Corporations Public Access System

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

: BERRIZ & GIRALDO P.A. Account Name

Account Number : I19990000017 : (305)485-9300 Phone Fax Number : (305)485-1098

FLORIDA/FOREIGN LIMITED LIABILITY CO.

POMPANO STYLE, LLC.

Certificate of Status 0 Certified Copy Page Count 04 Estimated Charge \$130.00 AL 1

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT COMPANY-4 A 10: 32

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

POMPANO STYLE, LLC.

ARTICLE 1 - NAME

The name of the Limited Liability Company is:

POMPANO STYLE, LLC.

ARTICLE II - ADDRESS

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

.14351 SW 29 ST MIAMI, FL. 33175

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

CATALINA HINESTROZA

14351 SW 29 ST
Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33175

City, State, and Zip

BERRIZ & GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 HOE 000 1966 473.

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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, H A 10: 32 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 registered the proper and complete performance of my duties, and I am familiar with and SEE, FLORIDA accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JOHN HINESTROZA 14351 SW 29 ST MIAMI, FL, 33175

MANAGER

CATALINA HINESTROZA 14361 SW 29 ST MIAMI, FL. 33175

MANAGER

(An additional article must be added if an effective date is requested)

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.)

CATALINA HINESTROZA
Typed or printed name of signee

HO6 000 1966473.