

W06000079718

Florida 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.

((H06000202231 3)))



H060002022313ABCQ

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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 11 AM 9:33

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLUE PEARL INVESTMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE PEARL INVESTMENT LLC

(Must end with the words "Limited Liability Company," "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 Liability Company is:

Principal Office Address:

Mailing Address:

2717 PONCE DE LEON BLVD

2717 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

EDWIN ACOSTA RUBIO

Name

2717 PONCE DE LEON BLVD

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33134

City, State, and Zip

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 AUG 11 AM 9:33

FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>GIOCONDA CASTELLANOS</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>EDWIN RAMON TORRES GANDICA</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>INGRID CAROLINA TORRES CASTELLANOS</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>ALEJANDRO MANUEL TORRES CASTELLANOS</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>

(Use attachment if necessary)

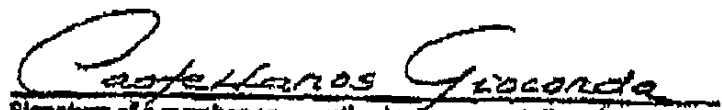
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

SECRET
OFFICE OF STATE
TALLAHASSEE, FLORIDA

06 AUG 11 AM 9:33

FILED

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GIOCONDA CASTELLANOS

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)