L06000079718

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)))

H06000202231 3ABCQ

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

FILED
06 AUG 11 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLUE PEARL INVESTMENT LLC

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

RECEIVED
06 AUG 11 PM 2:38
DIVISION OF CORPORATION

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 "L.L.C." 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

FILED
06 AUG 11 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

(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.)

FILED
06 AUG 11 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Castellanos Gioconda
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.)

GIOCONDA CASTELLANOS
Typed or printed name of signee

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)