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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Number : (850)205-038

om:
Account Name : EMPIRE CORPORATE KIT COMPANY
- Account Number : 072450003255

Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

wililie distributor, l.l.c.

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\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

WILILIE DISTRIBUTOR, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: WILILIE DISTRIBUTOR, L.L.C.

06 SEP 28 AM 9: 50 SECKE LAINT OF STATE TALLAHASSEE, FLORIDA

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 8210 NW 74TH TERRACE, TAMARAC, FL 33321.

ARTICLE IV

The name and the Florida street address of the registered agent: MICHELLE L. PERDOMO, 100 NORTH BISCAYNE BLVD. SUITE 3000, MIAMI, FL 33132.

ARTICLE V

The name of the Member(s) and Managing Member(S) shall be:

MANAGING MEMBER WILLIAM E. PIZA JARA MEMBER JORGE PEREZ



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
WILILIE Distributor, L.L.C.
7. The name and the Plorida street address of the registered agent and office are:
Michelle L. Perdomo, Esq.
100 North Biscoune Blud, Suite 2000 Florida Street Address (P.D. Box NOT ACCEPTABLE)
Miami pr 33132

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, Florida Statutes.

SEP 28 AM SEE, FLOR SIAN 9:
S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

5.00

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