

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.

(((H06000274492 3)))



H080002744923ABC1

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

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

: (305)552-5973

Phone Fax Number

: (305)220-3440

2FLOI	RIDA/FOREIGN LIM	ITED LIABILIT	TY CO
4 OF COP	RIDA/FOREIGN LIM	LLC	-
NOISIAID	Certificate of Status	0	
9 5	Certified Copy	1	
fk	Page Count	03	

Electronic Filing Menu

Corporate Filing Menu

Help

Nov. 13 2006 05:10PM P2/3

11-13-2006 19:58 · From-

+305 3714987

T-787 P.002/009 F-821

H06000274492

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MLL US 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 t	the principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
2127 BRICKELL AVE # 3901 MIAMI, FL 33129	1401 BRICKELL AVE, SUITE 500 MIAMI, FL 33131 ATTN: GERARDO A. VAZQUEZ	
ARTICLE III - Registered Agent, Regist (The Limbed Liability Company cannot serve as its own business entity with an active Florida registration.)	terred Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or enounce.	AON 90
The name and the Florida street address of	the registered agent are:	7
GERARDO A. VAZO		
	VENUE, SUITE 500 Set address (P.O. Box NOT acceptable)	1:52
MIAMI	FL 33131	

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 rightiered agent as provided for in Chapter 608, F.S.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H06000274492

Nov. 13 2006 05:11PM P3/3

11-13-2006 18:56

From-

+305 3714967

T-787 P.003/003 F-621

H 0 6 0 0 0 2 7 4 4 9 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address: "MGR" - Manager "MGRM" = Managing Member MGRM HECTOR LOPEZ 2127 BRICKELL AVE # 3901 MIAMI, FL 33129 MGRM MARIA EUGENIA BOTTAS 2127 BRICKELL AVE # 3901 MIAMI, FL 33129 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.)

RECUIRED SIGNATURE:

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.)

HECTOR LOPEZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Capy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2