

LO6000116042

Florida Department of State
Division of Corporations
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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 DEC -5 AM 8:27

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****CCR PRODUCTS LLC**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCR PRODUCTS LLC

ARTICLE II - Address:

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

Principal Office Address:

3915 SW. 58 TERR.

HOLLYWOOD, FL. 33023-6146

Mailing Address:

3915 SW. 58 TERR.

HOLLYWOOD, FL. 33023-6146

ARTICLE III - Registered Agent, Registered office, & Registered Agent's Signature:

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

CESAR DE LA PRESTILLA

Name

3915 SW. 58 TERR.

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

HOLLYWOOD, FL. 33023

City, State, and Zip Code

Having been named as registered agent and to accept service of process for the above stated limited liability company on 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

(CONTINUED)

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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

"MGR"

Name and Address:

CESAR DE LA PRESILLA

3915 SW. 58 TERR.

HOLLYWOOD, FL. 33023-6146

"MGRM"

MICHAEL C. SCHMIDT

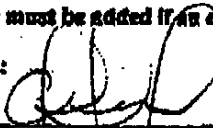
120 PLANTATION DR.

TAVERNIER, FL. 33070-0000

(Use attachment is necessary)

Note: An additional article must be added if an effective date is requested.

REQUIRED 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.)

CESAR DE LA PRESILLA
Typed or printed name of signer

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