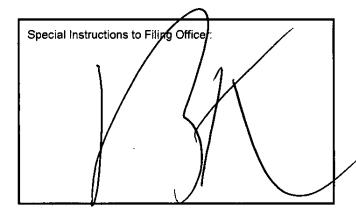
L06000119081

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)



Office Use Only

Certified Copies _____ Certificates of Status



500082023555

12/15/06--01005--007 **130.00

RECEIVED

OF DEC 14 PH 4: 18

DEFINITION OF THE STATE OF

OG DEC 14 AM 8: 58

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

Examiner's Initials

•	Office Use Only	33
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):	
ISTICMAR SERVI	CES LLC	CONT. SA
(Corporation Name)	(Document #)	- OF
	The same of the sa	
(Corporation Name)	(Document #)	-
3.		
(Corporation Name)	(Document #)	_ `
4. (Corporation Name)	(Document #)	_
Walk in Pick up time	2.00 Certified Copy	
☐ Mail out ☐ Will wait	Photocopy — Certificate of Sta	tus
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	<i>:</i>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	e Period

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
STICMAR SER	RVICES LLC ROOM ROOM ROOM ROOM ROOM ROOM ROOM ROO	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12252 SW 10 STREET	12252 SW 10 STREET	
MIAMI, FL 33184	MIAMI, FL 33184	
CAI	Name	
12252 5	SW 10 STREET	
Florida	a street address (P.O. Box NOT acceptable)	
MIAMI	FL 33184	
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	ity, State, and Zip at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S	

(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:
MGRM	CARLOS R MARIN
<u> </u>	12252 SW 10 STREET
	MIAMI, FL 33184
(Use attachment if necessary)	
NOTE: An additional article m	oust be added if an effective date is requested.
REQUIRED SIGNATURE:	
	Taly for
Signature of a me	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
	CARLOS R. MARIN

Typed or printed name of signee