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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : XIOMARA LEE, P.A.

Account Number: I2004000008

Fax Number

Phone : (305)262-2323 : (305)262-2324

FLORIDA/FOREIGN LIMITED LIABILITY CO.

NOTEBOOK CITY LLC

Certificate of Status	1
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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lir	nited Liability Company is		
	NOTEBOO	K CITY LLC	
(Must end with the words	"Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Add The mailing address		principal office of the Limited Liability Company is	s:
Principal Office A	ddress:	Mailing Address:	
9383 NW 13 ST		9383 NW 13 ST	
DORAL, FL 33172		DORAL, FL 33172	;
(The Limited Liability Con business entity with an ac	mpany cannot serve as its own Reg zive Floride registration.) lorida street address of the EDUARDO Nam 9383 NW	registered agent are: NUCETE 13 ST	The state of the s
		ddress (P.O. Box <u>NOT</u> acceptable)	
•	DORAL City, State	FL 33172 , and Zip	
liability compan registered agent an statutes relating to	y at the place designated in d agree to act in this capac o the proper and complete p	accept service of process for the above stated limited this certificate. I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and distered agent as provided for in Chapter 608, F.S	ıll

(CONTINUED) Page 1 of 2

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((HO70000541013))

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

Title:	Name and Address:	
"MGR" = Manager	r t	
"MGRM" = Managing M	lemper	
MGR	PEDRO PANTIN	
	9383 NW 13 ST	
	DORAL, FL 33172	٠.,
MGR	GIUSEPPE DEL VECCHIO	
WGA	9383 NW 13 ST	
	DORAL, FL 33172	•
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(Use attachment if necess		
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