

Aug 02 2007 4:56PM

A1A CORPORATE SERVICES

15614559885

p. 1

Division of Corporations

<https://efil.sunbiz.org/scripts/efilcovr.exe>

L07000079846

Florida Department of State
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.

((H07000196409 3)))



H070001964093ABC3

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 : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG -3 AM 8:22

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Service Parcel ES Doral, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

07 AUG -3 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H070001964093

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SERVICE PARCELES DORAL, LLC

ARTICLE II ADDRESS

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

2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52.

DORAL, FLORIDA 33172

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE ®ISTERED AGENT SIGNATURE

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

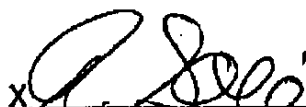
ADRIENNE SOLE

2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52.

DORAL, FLORIDA 33172

FILED
07 AUG -3 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent 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, F.S..

X _____
ADRIENNE SOLE / Registered Agent's Signature

H070001964093

H07000196409 3

PAGE 2

SERVICE PARCELES DORAL, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS (optional)

MANAGER:

EURORELATED CORP

2315 NW 107TH AVENUE, SUITE 1M-17, BOX 52.

DORAL, FLORIDA 33172

X


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.

EURORELATED CORP

Typed or printed name of signee

FILED
07 AUG -3 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H070001964093