

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255

Phone

: (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

mexican blackbird, llc

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$155.00

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Corporate Filing Menu

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EMPIRE CORP KIT



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mexican Blackbird, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address;

1043 Adams Street

Hollywood, FL 33019

1043 Adams Street

Hollywood, FL 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate as individual or another business entity with an active Florida registration.)

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

Donald R. Tescher, Esq.

Name

2101 Corporate Blvd. Ste. 107

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

Boca Raton, FL 33431

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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<u>Title:</u> "MGR" - Manager "MGRM" = Managing Meml	Name and Address:
MGR	lan Norris 1043 Adams Street
	Hollywood, FL 33019
	71A.
	T DEC
(Use attachment if necessary)	SSE -5
CLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.)	than the date of filing: (OPTIONAL) = must be specific and cannot be more than five business days priored
,	^
REOUIRED SIGNATURE:	MA
REQUIRED SIGNATURE:	a member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of: (In accordance of this document)	ll ll

Page 2 of 2

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)