

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MANTILLA-WOLF LLC

Certificate of Status Certified Copy 1 Page Count 03 \$155.00 Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	A STANDARD CONTRACTOR OF THE PARTY OF THE PA	~
The name of the Limited Liability Company	/ ls;	
MANTILLA-WOLF LLC		
(Must end with the words "Limited I	liability Company, "L.L.C" or "ULC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
13403 KINGSBURY DRIVE	13403 KINGSBURY DRIVE	
WELLINGTON, PLORIDA 33414	WELLINGTON, FLORIDA 33414	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another butiness entity with an active Florida registration.)		OT DEC 19
The name and the Florida street address of the registered agent arc:		9
JORGE ESPINOZA		19 AM 8: 46
Name		9 . $\frac{1}{2}$
13403 KINGSBURY DRIVE		16

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.

City, State, and Zip

WELLINGTON, FLORIDA #23414

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

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ARTICLE IV- Menager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address
"MGR" = Manager "MGRM" = Managing Member	
MORM	LUIS MANTILLA
	13403 KINGSBURY DRIVE
	WELLINGTON, FLORIDA 89414
MORM	MARIA FERNANDA MANTILLA
	13403 KINGOBURY DRIVE
	WELLINGTON, FLORIDA 33414
MAGRIM	JOSE LUIS MANTILLA
	15403 KINGSBURY DRIVE
	WELLINGTON, PLORIDA 35414
(Use attachment if naccessry)	
ARTICLE V: Effective date, if other than ti	as date of filling:, (OPTIONAL)
(If an effective date is listed, the date must	be specific and oranot be more than five business days prior
to or 90 days after the date of filing.)	•
,	

REQUIRED SIGNATURE:

Signature of a mamber or an authorized representative of a mamber.

(In accordance with section 608.408(3), Florids Statutes, the assection of this document constitutes an affirmation under the parallels of parjury that the firsts stated hereit are true.)

LUIS MANTILLA

Typed or printed name of signes

Pilite Pesti

\$123.50 Filing Ree for Articles of Organization and Designation of Registered Agent \$ 36.50 Cartified Copy (Optional) \$ 5.00 Cartificate of Status (Optional)

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