# Division of Conorations Conorations Conorations Conorations Conorations Conorations Conorations Conorations Conorations

Electronic Filing Cover Sheet

Public Access System

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.

(((H07000302716 3)))



H070003027163ABC-

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)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 FILLED STATENS
SION OF CORPORATIONS
INC. 19 AM IO: 4.7

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

DEC 19 PM 1: 36

EORE MASSER, FLORIDA

ottimo group, llc.

Certificate of Status		0	
Certified Copy	:	1	
Page Count		03	
Estimated Charge	<b>\$</b> 1	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAM DEC 2 0 2007

l of l

12/19/2007 1:18 PM

EMPIRE CORP KIT

9696889908

EI:bl 7002/e1/21

# (3)

### articles of organization for florida limited liability company

ARTICLE I - Name:

The name of the Limited Liability Company is:

#### OTTIMO GROUP, LLC.

ARTICLE II - Address:

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

1000 N. HIATUS RD. SUITE 100 PEMBROKE PINES, FL 33026

Principal Office Address:

Mailing Address:

1000 N. HIATUS RD. SUITE 100 PEMBROKE PINES, FL 33026 1000 N. HIATUS RD. SUITE 100 PEMBROKE PINES, FL 33026 DIVISION OF CORPORATIONS
OTOFC 19 AM 10: 47

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

LUIS COLMENARES

Name
Plorida strom address (P.O. Box not acceptable)
1000 N. HIATUS RO. SUITE 100
PEMBROKE PINES, PL 33026

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..

LUIS COLMENARES Recissopo Agent's Signature

H07000302716

HOT000302716

## (CONTINUED)

	mager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Manager "MGRM" = Managing Member	Name and Address:		
	LUIS COLMENARES		
MGRM	PEMBROKE PINES. FL 33026		
MGR	RAFAEL CARRERO 1000 N. HIATUS RD. SUITE 100 PEMBROKE PINES, FL. 33026	07 DE	DIVISIO
		07 DEC 19	RETARY
		AM 10: 47	Y OF STA
		Ę.	TIONS
(Use attachment if necessary)			
NOTE: An additional article mo	st be added if an effective date is requested.		
REQUIRED SIGNATURE:	INS		
Signature of a mo	other of an authorized representative of a momber.		
	otion 608.408(3), Plorida Statutes, the execution tutes an affirmation under the penalties of perjury		
	the facts stated therein are true.)		
***************************************	ALL		
	LUIS COLMENARES		

H070003027KB