

## Florida Department of State

Division of Corporations Public Access System

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ORIDA/FOREIGN LIMITED LIABILE

DOLPHIN CARRIER, LLC.

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04/22/2008

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ARTICLE I - Name:	ZATION FOR FEORIDA LIVILIED		
The name of the Limited Li	iability Company is:		
DOLPHIN CARRIER, LLC.			
(Must end with	n the words "Limited Liability Company, "L.L.C.," or "L	LC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal office of the Li	mited Liability Company is	
Principal Office Address:	Mailing Address:		
750 NW 24TH AVE	750 NW 24TH AVE	•	
MIAMI FL 33125	MIAMI FL 33125		
	Treet address of the registered agent are:  JUAN M. MENDOZA  Name  750 NW 24TH AVE  Florida street address (P.O. Box NOT accept MIAMI F33125  City, State, and Zip	A IO:	
liability company at the registered agent and agree statutes relating to the pracept the obligations of the control of the con	gistered agent and to accept service of process place designated in this certificate, I hereby to act in this capacity. I further agree to consoper and complete performance of my duties of my position as registered agent as provided egistered Agent's Signature (REQUIRED)	accept the appointment as mply with the provisions of a , and I am familiar with and	

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	JUAN M. MENDOZA 750 NW 24TH AVE
	Z22 A III
	ORDE 55
(Use attachment if necessary)	
FICLE V: Effective date, if other than to neffective date is listed, the date must 90 days after the date of filing.)	the date of filing;
REQUIRED SIGNATURE:	1 2/1
Signature of a men	poer or an authorized representative of a member.
of this document co	a section 608.408(3), Fiorida Statutes, the execution institutes an affirmation under the penalties of perjury

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

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JUAN M. MENDOZA Typed or printed name of signee