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SECRETARY OF STATE
ANASSEE, FLORIDA

D. BRUCE

MAY 09 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C					
SUBJ	Tribal C	companies LLC				
JO DO		(Name of Limited	d Liability Comp	any)		=
The er	nclosed Articles	of Organization and fee(s) are so	abmitted for filin	g.		
Please	return all corres	pondence concerning this matte	r to the following	g:		
	Daniel Cook					
		(1	Name of Person)		· · · · · · · · · · · · · · · · · · ·	<u></u>
	Tribal Comp	oanies LLC		;		
		(Firm/Company)		E CR	
	1198 Veneti	an Way, #101			Y -8	
			(Address)		F. P.	m
	Miami, FL 3	3139	•	,	STAI FLOR	O
		(City)	State and Zip Cod	c)	DA R	
For fu	rther information	concerning this matter, please	call:			
Danie	el Cook		786	853 2127		
- ,, 11 , _	(Nam	e of Person)		le & Daytime Teleph	one Number)	-
Enclo	sed is a check f	or the following amount:				
□\$125	.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	3155.00 Filin Certified Co (additional cop	opy (by is enclosed)	160.00 Filing I Certificate of St Certified Copy additional copy is	atus &
<i>.</i>	. •	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Circ	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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A			- 172	

The name of the Limited Liability Company is:

Tribal Companies 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:
1198 Venetian Way, #101 Miami, FL 33139	1198 Venetian Way, #101 Miami, FL 33139
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another are registered agent are:
Nam Daniel Cook	PH 4: 32 OF STATE FLORIDA
Florida street a 1198 Venetian Way, #10	ddress (P.O. Box <u>NOT</u> acceptable) 1 Miami FL 33139
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)

EFFECTIVE DATE 5-7-08

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGRM	Daniel Cook 1198 Venetian Way, #101 Miami, FL 33139
MGRM	Alejo Chouela 215 East 96th Street, #20j NY, NY 10128
MGRM	Carlos Ramirez 6365 Collins Avenue, #3007 Miami Beach, FL 33141
	
(Use attachment if necessar ARTICLE V: Effective date, if othe (If an effective date is listed, the date or 90 days after the date of filing	er than the date of filing: May 7, 2008 . (OPTIONAL) te must be specific and cannot be more than five business days prior
REQUIRED SIGNATUR	of a member or an authorized representative of a member.
of this doc	unce with section 608.408(3), Florida Statutes, the execution in the penalties of periods and the penalties of periods are penalties of periods and the penalties of periods are penalties of periods and the penalties of periods are penalties of periods and the penalties of periods are penalties of periods are penalties of periods and penalties of periods are penalties of penalties

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)