

L08000054614

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

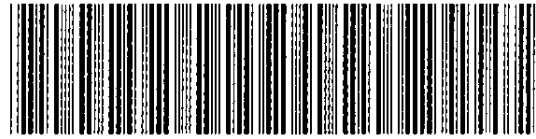
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/02/08--01008--010 \*\*155.00

RECEIVED  
08 JUN -2 AM 10:43  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JUN -3 PM 1:05  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 3 2008

EXAMINER

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. OPERATORS LTD USA LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☒ Pick up time

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



RECEIVED

08 JUN -3 AM 11:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

June 2, 2008

LAZARUS

TALLAHASSEE, FL

SUBJECT: OPERATORS LTD USA LLC  
Ref. Number: W08000026762

08 JUN -3 PM 4:05  
FILED  
TALLAHASSEE, FLORIDA

We have received your document for OPERATORS LTD USA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida LLC may not use "LTD" as a part of its name, since "LTD" in Florida is a limited partnership suffix. Florida LLC's also cannot use corporate suffixes such as "CORP." or "INC." as part of their names.

Please note that we have RETAINED your \$155.00 payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 208A00034257

**ARTICLES OF ORGANIZATION  
OF  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

OPERATORS ILSA LLC

FILED  
08 JUN -3 PM 4:05  
TALLAHASSEE, FLORIDA

**ARTICLE II-ADDRESS:**

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

**PRINCIPAL OFFICE ADDRESS:**

8757 NW 35 LANE  
DORAL FL 33172

**MAILING ADDRESS:**

8757 NW 35 LANE  
DORAL FL 33172

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

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

**MIGUEL ROYE**  
(NAME)

**8757 NW 35 LANE**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**DORAL FL 33172**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGRM= MIGUEL ROYE, 8757 NW 35 LANE DORAL FL 33172

MGRM= JACKSON SUAREZ, 8757 NW 35 LANE DORAL FL 33172

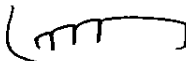
MGRM= JOEL MORALES, 8757 NW 35 LANE DORAL FL 33172

MGR= ORENCIO MORANTE, 8757 NW 35 LN, DORAL FLORIDA 33172

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document  
Constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MIGUEL ROYE**

Typed or printed name of signed