

Division of Corporations Public Access System

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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

RECEIVED



ORIDA/FOREIGN LIMITED LIABILITY CO.

mnf investments, llc

 Certificate of Status
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 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

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AUG 19 2008

EXAMINER

1 of 2

8/18/2008 3:02 PM

EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MNF INVESTMENTS, 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:

170 SOLANO PRADO

CORAL GABLES, FL 33158

170 SOLANO PRADO CORAL GABLES, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or shorter business entity with an active Florida registration.)

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

STEVEN NACLERIO, ESQUIRE

Name

201 S. BISCAYNE BOULEVARD, SUITE 1000

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

MIAMI, FL 33131 11

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 (REOUTRED)

(CONTINUED)
Page 1 of 2

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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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	,
MGR	MARTA N. FERNANDEZ
•	170 SOLANO PRADO CORAL GABLES, FL 33156
MGR	FEDERICO J. FERNANDEZ 170 SOLANO PRADO
	CORAL GABLES, FL 33156
	700
(Use attachment if necessary)	TO THE PARTY OF TH
ARTICLE V: Effective date, if other than the date of filing:, (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior	
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	10 8 8 3 S
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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.)

STEVEN NACLERIO, Attorney for Members Typed or printed name of signee

Filing Feer:

\$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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