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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

SEP 11 2008

From:

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.
Account Number : I20000000125
Phone : (954) 385-2284
Fax Number : (954) 385-8864

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLACK COD, LLC.

RECEIVED

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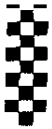
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'0 Sep: 10. 2008' 1:41PM ARIAS TOVAR & ASSOC PA'AGE 001/002 Florida No. 0693' Op. 2tate
850-617-6381

September 10, 2008

ARIAS TOVAR & ASSOCIATES

SUBJECT: BLACK COD, LLC.
REF: W08000041970

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P050000100050.

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) 245-6967.

Received Time Sep. 10. 8:59AM

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Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H08000210840
Letter Number: 008A00049473

Received Time Sep. 10. 8:59AM

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ARTICLES OF ORGANIZATION
OF
BLACK COD INTERNATIONAL, LLC.

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named **BLACK COD INTERNATIONAL, LLC.**

ARTICLE I: NAME

The name of the Company shall be: **BLACK COD INTERNATIONAL, LLC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this Company shall be:

2250 NW 136th Avenue, Pembroke Pines, FL 33028

ARTICLE III: DURATION

The period of duration for the Company shall be perpetual

ARTICLE IV: PURPOSE

To conduct any and all lawful business in the United States and abroad.

ARTICE V: MANAGEMENT

The Company shall be managed by one or more managers and is therefore a manager - managed company. The initial managers of the Company shall be three (3), to hold office until their successors have been duly elected and qualified, or until their earlier resignation, removal from office or death.

The number of Managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company.

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The names and addresses of the initial Managers are:

Elias Gocalves 2250 NW 136th Avenue, Pembroke Pines, FL 33028
Joao Pedro Barreiro 2250 NW 136th Avenue, Pembroke Pines, FL 33028
Francisco Riquezes 2250 NW 136th Avenue, Pembroke Pines, FL 33028

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial Registered Agent is:


Ileana Arias Tovar, Esq.
2250 NW 136th Avenue
Pembroke Pines, FL 33028

Having been named as registered agent and to accept service of process for the above stated 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.


Signature of Registered Agent

Date: September 9, 2008

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has signed these Articles of Organization this 9th day of September 2008.


Signature of Member or Authorized Representative of a Member
Francisco Riquezes

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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