

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000229111 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

viva sales & services llc

Estimated Charge	\$155.00	
Page Count	0	3
Certified Copy		1
Certificate of Status		0

D. BRUCE

OCT 06 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

9696669906

I of 1

PAGE 01/03

10/3/2008 12:46 PM

19:21 8002/80/01

H08000229111

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

VIVA SALES & SERVICES LLC

ARTICLE I

The name of the Limited Liability Company shall be: VIVA SAKES SERVICES LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Actor

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: THE WHITE BUILDING, ONE N.E. SECOND AVENUE, SUITE 200, MIAMI, FLORIDA 33132.

ARTICLE IV

The name and the Florida street address of the registered agent: ELLEN M. WHITE, THE WHITE BUILDING, ONE N.E. SECOND AVENUE, SUITE 200, MIAMI, FLORIDA 33132.

ARTICLE V

The name of the Managing Member(s) and Member(s) shall be:

MANAGING MEMBER ELLEN M. WHITE

> MEMBER OSCAR A. WHITE

> > H08000229111

10\03\50\508 15:27 302€33666 EWEIKE COKE KIL BYCE 05\03

H08000229111

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

VIVA SALES & SERVICES LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 dutles, and I am famillar with and accept the obligations of my position as registered agent.

SECRETARY OF STATE
Registered Agent's Signature (REQUIRED)
ELLEN M. WHITE

STATE

ORDA

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.)

Typed or printed name of signee

H08000 229111

10\03\50\08\15:27 302e333e3e EWbike COKb Kil byce 03\03