

Electronic Filing Cover Sheet

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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

Prione : (305)634~3694 Fax Number : (305)633-9696 2009 FEB | O AM 8: 34
SECRETARY OF STATE

FEB 10 FA 2:3 ECRETATY OF STATE (LAHASSEE, 40 ORIO

FLORIDA/FOREIGN LIMITED LIABILITY CO.

zafiro group, llc

Certificate of Status 0
Certified Copy 1
Page Count 03
Estimated Charge \$155.00

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EXAMINER

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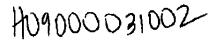
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Liability Company, "L.L.C.," or "LLC.")		
he principal office of the Limited Liability Company is:		
Mailing Address:		
3300 NE 191th Street, Apt #216		
tered Office, & Registered Agent's Signature; SECRETARY And Agent are:		

Florida street address (P.O. Box <u>NOT</u> acceptable)

Aventura, FL 33180 or

Aventura, FL 33180 pt. City, State, and Zip

3300 NE 191th Street, Apt. #215

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)

(CONTINUED)
Page 1 of 2

Prepared by: Martha Valverde, 816 NE 5th Street

Hallandale Beach, FL 33009

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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:

MGRM	Majsze I. Olsztejn 3300 NE 191th Street, Apt #2/ 5
MGR	Margarita S. Chorovski 3300 NE 191th Street, Rpt-1215 Aventura, FL 33180
	D S S
	SECRETARY FALLAHASSE
(Use attachment if necessary)	HOT TO
LE V; Effective date, if other than the	e date of filing: (OPTIONAL)

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 penjury that the facts stated herein are true.)

Majsze I. Olsztajn

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) 5 5.00 Certificate of Status (Optional)

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