

Florida Department of State

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

: (305)634-3694

Phone

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

8877 capricorn IIc.

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$155,00

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FEB 25 2009

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Electronic Filing Menu

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I of I

2/24/2009 3:40 PM

PAGE 01/04

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is 8877 CAPRICORN LLC.

ARTICLE II - ADDRESS

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

11281 NW 59 TERRACE DORAL, FLORIDA 33178

ARTICLE III MANAGEMENT

The Limited Liability Company is to be managed by the members and the names and addresses of the Managing Members are:

CARLOS J. VILLANUEVA 11281 NW 59 TERRACE DORAL, FLORIDA 33178

MARIA VILLANUEVA 11281 NW 59 TERRACE DORAL, FLORIDA 33178

2009 FEB 24 AM 8: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV- MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall by unanimous consent of all the members.

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall by unanimous consent of the members.

ARTICLE VI - DURATION

The period of duration for the Limited Liability Company shall be until January 20, 2049.

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8877 CAPRICORN LLC

PAGE 02/04

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Signature of member authorized or representative of a men

Signature of member authorized or representative of a member. NAME: CARLOS J. VILLANUEVA (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.)

DATE 2/23/09

SECRETARY OF STATE

2 8877 CAPRICORN LLC

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF CHAPTER 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is 8877 CAPRICORN LLC.
- 2. The name and address of the registered agent and office is:

CARLOS J. VILLANUEVA 11281 NW 59 TERRACE DORAL, FLORIDA 33178

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 established 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: CARLOS I. VILLANUEVA

Date

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