

**L09000018892**

Florida Department of State  
Division of Corporations  
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**L. SELLERS**

FEB 25 2009

To:

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

**EXAMINER**

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****SUCCESS INTERNATIONAL, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**SUCCESS INTERNATIONAL, LLC**

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(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

**ARTICLE II- Address:**

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

Principal Office Address:  
498 SW 6<sup>TH</sup> ST. OFF.# 1  
MIAMI, FL 33130

Mailing Address:  
SAME

**ARTICLE III- Manager(s) or Managing Member(s):**

The name and address of each Manager of Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
MGRM	ROSALIA VENEZIA 498 SW 6 <sup>TH</sup> ST. OFF.# 1 MIAMI, FL 33130
MGRM	PATRICIA REYES 498 SW 6 <sup>TH</sup> ST. OFF.# 1 MIAMI, FL 33130

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**ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:**

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

Joseph F. Cabanas ~ Cabanas & Associates  
Name

10520 NW 28<sup>th</sup> Street- Suite C201  
Florida Street Address

Doral, FL 33172  
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 certificated, 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)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

SIGNATURE:

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Joseph F. Cabanas  
Type or printed name of signee.

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