

FROM : LAZARUS
Division of Corporations

FAX NO. 305220-1440

May 28 2009 4:12PM

L09000051752

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

UNIVERSAL DISTRIBUTORS SIX LLC

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

S. HAWKES

MAY 29 2009

EXAMINER

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIVERSAL DISTRIBUTORS SIX LLC

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

ARTICLE II - Address:

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

Principal Office Address:35 Beacon Blvd
MIAMI FL 33135Mailing Address:SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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


PEDRO MORALES

Name

35 Beacon BlvdFlorida street address (P.O. Box NOT acceptable)Miami FL 33135

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 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)

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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:

Title:

"MGR" = Manager

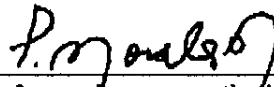
"MGRM" = Managing Member

Name and Address:MGRMReynaldo Rodriguez
35 Beacon Boulevard
Miami FL 33135MGRMROGER NOGUEIRA
35 Beacon Boulevard
Miami FL 33135MGRMPEDRO MORALES
35 Beacon Boulevard
Miami FL 33135MGRMMARIO MORALES
35 Beacon Boulevard
Miami FL 33135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 perjury that the facts stated herein are true.)

PEDRO MORALES

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)

\$ 5.00 Certificate of Status (Optional)

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Article IV, ATTACHMENT:

MGRM

HERNALDO ARIAS
35 Beacon Boulevard
Miami FL 33135

MGRM

GUILLERMO ORTEGA
35 Beacon Boulevard
Miami FL 33135

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