

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 : (305)634-3694 Phone

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ROTEN DACH LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ROTEN DAC (Must end with the words "Limited Liabilit	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9559 COLLINS AVE. SUITE 401 MIAMI BEACH, ELORIDA 33154	9559 COLLINS AVE SUITE 401 MIAMI BEACH, FLORIDA, 33154
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business satity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	141-
CRISTINA CA	ATTANEO PROPERTY OF STATE OF S
9559 COLLINS AV Florida street address (P.O.	/E., SUITE 401 PRATES
MIAMI BEACH,FL. 3315	FL
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	nd Zip accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, F.S.
67 muldous	(RECUITMEN)
Registered Agent's Signatu	TC (YEACHIKED)

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<u>Title:</u> "MGR" = Ma	no <i>#8</i> r	Name and Address:	
-	nager Aanaging Member		
MGRM	<u> </u>	CRISTINA CATTANEO	u no
		9559 COLLINS AVE. SUITE 401 MIAMLREACH, FLORIDA, 33154	-
MGRM		ADRIANA NOEMLIRIARTE	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9569 COLLINS AVE., SUITE 401	- -
		MIAMI BEACH, FLORIDA 33154	_
<u></u>			_
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(Use attachme	ent if necessary)		- - -
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CLE V: Effective date is 0 days after the	ve date, if other that listed, the date mid date of filing.) SIGNATURE: Signature of a m (In accordance wo of this document that the facts state	ust be specific and cannot be more than five business policial tember or an authorized representative of a member, with section 608,408(3), Florida Starutes, the execution t constitutes an affirmation under the penaltics of perjury ted herein are true.)	O9 JUN 19 SECRETARY IALLAHASSE

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