

**L09000067668**

Florida Department of State  
Division of Corporations  
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**T. HAMPTON**  
JUL 15 2009  
**EXAMINER**

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

From: Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**AZBOX, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**RECEIVED**  
09 JUL 14 AM 6:36  
SECRETARY OF STATE  
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DIVISION OF CORPORATIONS

*H09 000 162 212 3*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF**

**AZBOX, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**AZBOX, LLC.**

**ARTICLE II - ADDRESS**

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

**7254 NW 31 ST  
DORAL, FL. 33122**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**ORLANDO FIALLO**

**7254 NW 31 ST**

Florida street address ( P.O.BOX NOT acceptable)

**DORAL, FL. 33122**

City, State, and Zip

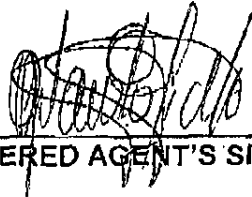
**CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300**

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*H09 000 102 2123*

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**

**ARTICLE IV- MANAGEMENT**

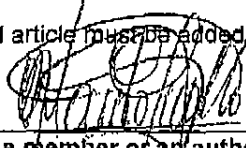
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ORLANDO FIALLO** **MANAGER**  
7254 NW 31 ST  
DORAL, FL. 33122

**HUGO ANDRE LARANJEIRA CONDESSA** **MANAGER**  
7254 NW 31 ST  
DORAL, FL. 33122

**JOSE LUIS TEMPORAO SIMOES CONDESA** **MANAGER**  
7254 NW 31 ST  
DORAL, FL. 33122

(An additional article must be added, if an effective date is requested)



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.)

**ORLANDO FIALLO**  
Typed or printed name of signee

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