

Florida Department of State

Division of Corporations Public Access System

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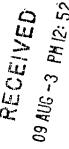
Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696



ORIDA/FOREIGN LIMITED LIABILITY CO.

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OR THREE, LLC ed Liability Company," "LLC." or "LLC.")	<u></u>
(Wost sug with the words "Lunit	ed Linding Company, "Label," or "Libel")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	oility Company is:
·		
Principal Office Address:	Mailing Address:	
	A.s.c	
2525 PONCE DE LEON BLVD CORAL GABLES 33134	_ SAME	
CURAL GABLES 33134		
		- 10-11-11-11-11-11-11-11-11-11-11-11-11-1
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's S	iignature:
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its ow	istered Office, & Registered Agent's S	lignature:
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's S on Registered Agent. You must designate an individu	lignature: al or another
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its ow	n Registered Agent. You must designate an individu	Signature: al or another
ARTICLE III - Registered Agent, Registered Agent	on Registered Agent. You must designate an individu	Signature: al or mother 7009 ALLAH
ARTICLE III - Registered Agent, Registered Agent	on Registered Agent. You must designate an individual of the registered agent are: RY B. SHEER	Signature: al or another TALLAHAS
ARTICLE III - Registered Agent, Registered Agent	on Registered Agent. You must designate an individu	Signature: al or another SECRETARY ALLAHASSE
ARTICLE III - Registered Agent, Registered Agent	on Registered Agent. You must designate an individual of the registered agent are: RY B. SHEER	Signature: al or another SECRETARY O
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of EMEI	on Registered Agent. You must designate an individual of the registered agent are: RY B. SHEER Name	Signature: al or another SECRETARY OF S AMASSEE, FL
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of EMEI	on Registered Agent. You must designate an individual of the registered agent are: RY B. SHEER Name DE DE LEON BLVD ass (P.O. Box NOT acceptable)	Signature: al or another SECRETARY OF STAN ALLAHASSEE, FLORI

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:
MGRM	JODIE MEEKS 2525 PONCE DE LEON BLVD CORAL GABLES 33134
· ·	
(Use attachment if necessary)	TALL,
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	specific and cannot be more than five business the prior
REQUIRED SIGNATURE:	F. STATE AS S. S.
(In accordance with secti	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of penjury in are true.)
	EMERY B. SHEER ad or printed name of signee

of Registered Agent \$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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