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

To:

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

SEP -4 2009

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**EXAMINER**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

ticks n'tiques, llc

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**Ticks N'tiques, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address: 9000 S.W. 102<sup>nd</sup> Court, Miami, Florida 33176**

**Mailing Address: 9000 S.W. 102<sup>nd</sup> Court, Miami, Florida 33176**

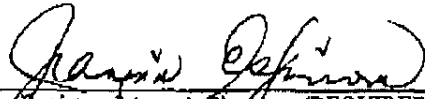
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:  
Name, Florida street address (P.O. Box NOT acceptable) City, State, and Zip

Jeannie Espinosa, CPA  
9485 Southwest 72<sup>nd</sup> Street  
Suite #A-225  
Miami, Florida 33173

*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)

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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: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

**MGRM:** Isabel Medina  
9000 Southwest 102 Court  
Miami, Florida 33176

**ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)** n/a  
(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.)

Isabel Medina

Typed or printed name of signer

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