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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)**634-**3694 : (305)633-9696 Fax Number

**Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please. **

Email	Address:			

portromande de la company de l FLORIDA LIMITED LIABILITY CO.

obelo investments, llc

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

D. BRUCE

MAY 13 2010

EXAMINER

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5/12/2010

EMBIRE 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: OBELO INVESTMENTS, 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: Mailing Address: Principal Office Address: 40 N.E. 18T AVENUE, STE 704 40 N.E. 1ST AVENUE, STE 704 MIAMI, FLORIDA 33132 MIAMI, FLORIDA 33132 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company connet serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.) The name and the Florida street address of the registered agent are: ANTONIO J. ALTIERI Name 40 N.E. 1ST AVENUE, STE 704

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..

City, State, and Zip

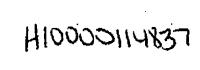
Florida sweet address (P.O. Box NOT acceptable)
pl 33132

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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MIAMI



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

445 4 5 4 5 4 5		Name and Address:	
"MGR" = Ma			
MQXXIVI. = IV	lanaging Member		
MGRM		ANTONIO J. ALTIERI	
		40 N.E. 1ST AVENUE, STE 704	
		MIAM, FLORIDA 35152	·
MGRM		GRACIELA ROSA RESTAGNO	
		40 N.E. 197 AVENUE, STE 704	
		MIAMI, FLORIDA 35132	
MORM		DEBORAH MARIANA ALTIERI	
		40 N.E. 1ST AVENUE, STE 704	
		MIAMI, FLORIDA 93132	
			
	<u> </u>		
(Use attachme	nt if necessary)		
LE V: Effectiv	e date, if other than the listed, the date must b	date of filing: (especific and cannot be more than five bu	OPTIONAL) siness days prior
LE V: Effective date is	e date, if other than the listed, the date must b date of filing.)		
LE V: Effective date is days after the	e date, if other than the listed, the date must be date of filing.)		
LE V: Effective date is days after the	e date, if other than the listed, the date must be date of filing.) Signature of a member (In accordance with set	er or an authorized representative of a member.	siness days prior
LE V: Effective date is days after the	signature of a member of this decement constitute the facts stated her ANTONIO J. ALTIEF	er or an authorized representative of a member, ction 608,408(3), Florida Statutes, the execution intues an affirmation under the penalties of perjury rein are true.)	siness days prior TALLAHASSEE, FL
LE V: Effective date is days after the	signature of a member of this decement constitute the facts stated her ANTONIO J. ALTIEF	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution intutes an affirmation under the penalties of perjury rein are true.)	siness days prior

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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