

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000120675 3)))



H100001206753ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email	Address:			_	

FLORIDA LIMITED LIABILITY CO. JIS HOLDINGS, LLC

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

IN MAY 20 AM 8: 03 VECRETARY OF STATE DELICATION OF STATE OF STATE

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 21 2010



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
lie Lini	dinas II s
	dings, LLC
(Mast end with the words "Limit	ed Liability Company, "L.I.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11100 SW 121 Street	11100 SW 121 Street
Mante, FL 33176	Miami, Fl. 33176
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate on individued or another of the registered agent are:
Isabel (C. Diaz, Esq.
	Name
One Biscayne Towe	er, 2 Biscayne Blvd.
Plorida str	reet address (P.O. Box NOT acceptable)
	Mlami, FL 33131
C	City, State, and Zip
Having been named as registered agent a	nd 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)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
~ -	
MGRM	Javier Cantens
	11100 SW 121 Street
	Miełni, FL 33176
MGRM	Jorge Rodríguez-Ojea
	11021 SW 121 Street
	Miami, FL 33176
(Use attachment if necessar	у)
LE V: Effective date, if other	er than the date of filing: (OPTIONA
LE V: Effective date, if other	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day g.) E:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE of this document of this document is supported that the date of this document is supported to the date of the	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day

\$125.00 Filing Fee for Articles of Organization and Designation

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