

L10000065169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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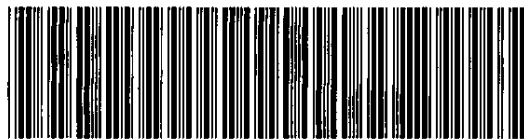
(Business Entity Name)

(Document Number)

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N. O. JUN 18 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN CAPITAL DEVELOPMENT CO., LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howard Kleinhendler

Name of Person

Wachtel & Masyr, LLP

Firm/Company

885 Second Avenue, 47th Floor

Address

New York, New York 10017

City/State and Zip Code

hkleinhendler@wmlp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Kleinhendler

Name of Person

at (212) 909-9522

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARIBBEAN CAPITAL DEVELOPMENT CO., 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:

Principal Office Address:

PORTO VITA--BELLA VISTA
19925 N.E. 39TH PLACE, PENTHOUSE-ROOF
AVENTURA, FLORIDA 33180

Mailing Address:

PORTO VITA--BELLA VISTA
18925 N.E. 39TH PLACE, PENTHOUSE-ROOF
AVENTURA, FLORIDA 33180

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:

ALLAN H. APPLESTEIN

Name

19925 N.E. 39TH PLACE, PENTHOUSE-ROOF

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

AVENTURA

FL 33180

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

ALLAN H. APPLESTEIN

MGRM

PORTO VITA --BELLA VISTA

19925 N.E. 39TH PLACE, PENTHOUSE--ROOF

AVENTURA, FLORIDA 33180

Pathfinder Consultants Int'l LLC

MGRM

570 Lexington Avenue

22nd Floor

New York, New York 10022

HOWARD KLEINHENDLER

MGRM

ONE DAG HAMMARSKJOLD PLAZA

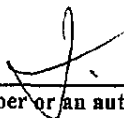
885 SECOND AVENUE, 47TH FLOOR

NEW YORK, NEW YORK 10017

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

ALLAN H. APPLESTEIN

Typed or printed name of signee

FILED
10 JUN 17 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)