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Florida Department of State  
Division of Corporations  
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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  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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D. BRUCE

SEP 28 2010

EXAMINER

EFFECTIVE DATE 9/25/10

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MASAIO 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:

**Principal Office Address:**

**Mailing Address:**

8514 NW 65 STREET MIAMI, FL 33160

8514 NW 66 STREET MIAMI, FL 33186

**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:

## LJUBICA LOMPAR

Name \_\_\_\_\_

8514 NW 66 STREET

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

MIAMI, FL 33166

**City, State, and Zip**

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.

**Principal Areas of Significant REQUIREMENT**

CONTINUOUS

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EMPIRE CORP KIT

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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:**

MGR

WIBICA LOMPAR

**RENTAL INFORMATION**

0014 1111 00

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: 09/25/2010 (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 608.058(j), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JUBICA LÖMPARI

Typed or printed name of witness

Eduardo Gómez

**§124.00 Filing Fee for Articles of Organization and Designations**

**of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

8 \$5.00 Certificate of Status (Optional)

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