

L10000108584

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MERIDIEN LLC**

Certificate of Status	0
Certified Copy	0
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H100002281293

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MERIDIEN LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

1800 NORTH BAYSHORE DRIVE # 3510

MIAMI, FLORIDA 33132

The mailing address of the Limited Liability Company is:

848 BRICKELL KEY DR # 1505

MIAMI, FLORIDA 33131

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

GUSTAVO PARISI

1800 NORTH BAYSHORE DRIVE # 3510

MIAMI, FLORIDA 33132

Having been named as registered agent 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..

x 

GUSTAVO PARISI / Registered Agent's signature

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MERIDIEN LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

GUSTAVO PARISI

CALLE 90440

SAN MARTIN, ARGENTINA

MANAGING MEMBER:

GUILLERMO PARISI

ROOSVELT 5621

CABA, ARGENTINA

2010 OCT 18 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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x 

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.

GUSTAVO PARISI

Typed or printed name of signee