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2011 FEB 17 AM 10: 59
SECRETARY OF STATES
AND WANTESSEE: FLORID

C. LEWIS
FEB 1 8 2011
EXAMINER

COVER LETTER

Registration Section

TO:

Division of Cor	porations	1.	,	**************************************
SUBJECT: Wahoo	ooo Adventures, I	LLC		
SUBJECT:		d Liability Compar	ny	
	Organization and fee(s) are so	_		
Please return all correspo	ondence concerning this matte	r to the following:		
<u>Adriana N</u>				
	1	Name of Person		
Infusion T	echnologies, Inc			
		Firm/Company		
820 Ne 12	26th Street			
		Address		
North Miam	i, FL 33161			
	_	State and Zip Code		
adrianapatin	o77@yahoo.com E-mail address: (to be used fo	r future annual repor	rt notification)	
For further information of	oncerning this matter, please	•	,	
Adriana Mena		at (786	294-3062	
Name o	f Person	Area Code	& Daytime Tele	phone Number
_	r the following amount:		_	_
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Certified Cop (additional copy	у	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporation	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR7	TAT	T I	_ No	
AK		ara I	- 142	une:

The name of the Limited Liability Company is:

Wahoooo Adventures, 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:

5151 Collins Ave, PHF

Miami Beach, FL 33140

5151 Collins Ave, PHF Miami Beach, FL 33140

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:

Jose Sotomayor

Name

5151 Collins Ave, PHF

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

Miami Beach,

_. 33140

City, State, and Zip

ZOILFEB 17 AM 10: 59
SECRETARY OF STATES
ONLY OF STATES

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: FEB 17 AM 10: 59

Jose Sotomayor S151 Collins Ave, PHF Miami Beach, FL 33140		." = Manager .M" = Managing Member	Name and Address:	TALLAHASSEE, FLORIC
ITICLE V: Effective date, if other than the date of filing:	MGR	<u> </u>	5151 Collins Ave, PHF	
ITICLE V: Effective date, if other than the date of filing:		•		
ITCLE V: Effective date, if other than the date of filing:				
ITICLE V: Effective date, if other than 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	•	• ,		
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	ın effective	e date is listed, the date must	t be specific and cannot be more	e than five business days pr
(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	REQU	<u>JIRED</u> SIGNATURE:		
constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)		Signature of a men	nber or an authorized representative	e of a member.
Jose Sotomayor		constitutes an affirmation un I am aware that any false in	nder the penalties of perjury that the fa formation submitted in a document to t	cts stated herein are true. the Department of State
		Jose Sotom	ayor	

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)