Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6363

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696 Effective Date 04/29/11

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. **EUFEMIS HOLDING LLC**

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

Electronic Filing Menu Corporate Filing Menu

J. BRYAN

MAY - 5 2011

https://efile.sunbiz.org/scripts/efilcovr.exe

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EMPIRE CORP KIT



HN000 124016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
EUFEMIS HOLDING LLC	·
Must and 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:
1680 NW 82nd AVENUE	1680 NW 82nd AVENUE
MIAMI, FLORIDA 33126	MIAMI, FLORIDA 33126
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	terred Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another Effective Date 04/29/// F the registered agent are:
The name and the Florida street address of	f the registered agent are:
JAVIER LEIRAS	CRE
	Name
1680 NW 82n	d AVENUE
Florida str	eet address (P.O. Box NOT acceptable)
MIAMI	33126 Es

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR	JAVIER LEIRAS
	1880 NW 82nd AVENUE
	MIAMI, FLORIDA 33126
MGRM	EUFEMIS COMPUTER CORP
	3300 NE 192nd STREET SUITE 1702
	AVENTURA , FLORIDA 33180
	SEC 1
	702
	SET .
	75
Use attachment if necessary)	

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 Dopartment of State constitutes a third degree felony as provided for in a.817.155, F.S.)

JAVIER LEIRAS

Typed or printed name of signee

Filing Feas:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.05 Certified Copy (Optional)

\$ 30.08 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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