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(Re	questor's Name)	 _
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				Art of Inc. File	_	
				LTD Partnership File		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		ES CAROBEZ LL		
(Must co	ontain the words "Limited Li	ability Company, "	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal off	ice of the Limited 1	Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Addre	EE:
1440 SE 15 ST AF FT. LAUDERDAI				
ARTICLE III - Registered A (The Limited Liability Comps another business entity with a The name and the Florida stre	any cannot serve as its own R an active Florida registration	Registered Agent, Y .)	t's Signature: You must designate an indi	vidual or
Lie name and the Little Site	-			
	CONSULTING SERV	Name	FLORIDA INC	
		N BI VID STE I	050	
	2121 PONCE DE LEC		J-7 V	
	2121 PONCE DE LEC Florida street address		ceptable)	
			cceptable)	
	Florida street address	(P.O. Box NOT ac	•	
Having been named as registers place designated in this certification further agree to comply with the am familiar with and accept the	Florida street address CORAL GABLES City red agent and to accept service ate, I hereby accept the appoint to provisions of all statutes released to the service obligations of my position.	(P.O. Box NOT ac FL State e of process for the intment as registere ating to the proper	33134 Zip above stated limited liabilited agent and agree to act in and complete performance is provided for in Chapter 6	this capacity. I

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		Name and Address:	
	athorized Member	· · · · · · · · · · · · · · · · · · ·	
"MGR" = Ma	nager		
MGR		FELIX LUHRS RAGGIO	
		1440 SE 15 ST., APT 5	
		FT. LAUDERDALE, FL 33316	
			
_			
			
			
			
			
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ARTICLE IV-