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, FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

BLICKER INTERNACIONAL LLC BUSINESS (Name) Document # Walk in Pick up time Mail out Will wait Photocopy Certified Copy Certified Copy Certificate of Status NEW FILINGS Profit Amendment Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Other LLLP Conversion REGISTERATION/OUALIFICATIONS Annual Report Foreign Filing Limited Partnership	PLEASE USE FUNDS FROM THIS ACC AUTHORIZATION SIGNATURE:	COUNT: 120210000160: \$125.00
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EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

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BUSINESS (Name)	Document #
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NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X_Limited Liability Domestication Other LLLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing Limited Partnership
Fictitious Name	Foreign Filing Limited Partnership Dissolution/ Reinstatement Trademark Other
APOSTIL ()	Other Street
	EXAMINER'S INTUALS:

COVER LETTER

	Filing Section on of Corporations		
SUBJECT:	LICKER INTERNACIONAL L	LC	
SUBJECT.	Name of	f Limited Liability Company	
The enclosed	uticles of Organization and fee(s	s) are submitted for filing.	
Please return	l correspondence concerning thi	is matter to the following:	
М	ARTIN E DELLOCA		
-		Name of Person	
М	DELL CONSULTING CORP		
_		Firm/Company	
84	BRICKELL AVE STE 1130		
_		Address	
М	AMI, FL, 33131		
— МГ	ELLOCA@MDELLCONSULT	City/State and Zip Code	
		used for future annual report notification)	
For further info	mation concerning this matter, p	lease call:	
M	RTIN E DELLOCA	305 6073493	20:
	Name of Person	Area Code Daytime Telephone Number	AN I
Enclosed is a	heck for the following amount:	>>)
■\$125.00 Fi	ng Fee S130.00 Filing Fe Certificate of Status		O

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
BLICKER INTERN. (Must cont	ACIONAL LLC tain the words "Limited	Liability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited Li	ability Company is:	:
<u>Princip</u>	al Office Address:		Mailing A	ddress:
848 BRICKELL AV MIAMI, FL 33131	E STE 1130		ICKELL AVE STE , FL 33131	E 1130
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registratio	Registered Agent. Youn.) agent are:		ı individual or
	848 BRICKELL AVI	E STE 1130		
		s (P.O. Box NOT acce	ptable)	-
	MIAMI	FLORIDA	33131	
	City	State	Zip	-
Having been named as registered place designated in this certificate further agree to comply with the part am familiar with and accept the old	. I hereby accept the apportion of all statutes replications of all statutes replications of my position	ointment as registered a clating to the proper an	agent and agree to a d complete perform provided for in Cha	act in this capacity. I nance of my duties, and

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:	
"MGR" = Manager		
MGR	DELBIZ LLC	
	848 BRICKELL AVE STE 1130 MIAMI, FL 33131	
n effective date is listed, the date mi	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 or	lays afte
<pre>late of filing.) e: If the date inserted in this block d document's effective date on the Dep</pre>	loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.	be listed
FICLE VI: Other provisions, if any.		
<u></u>		
		
	D: **	
<u>REOUIRED</u> SIGNATURE:	medil Oca	;;===
	SE	()
This document I am aware that	e of a member or an authorized representative of a member is executed in accordance with section 605.0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State	
constitutes a thi	ird degree felony as provided for in s.817.155, F.S.	
MARTI	N E DELLOCA	
	Typed or printed name of signee	

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)

\$ 5.00 Certificate of Status (Optional)