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EMPIRE CORPORATE KIT

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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: H & J INTERCARIBE LIMITED COMPANY AUDIT NUMBER...... H97000009449

DOC TYPE..... LIMITED LIABILITY COMPANY

CERT. OF STATUS...O

PAGES.....

CERT. COPIES.....0

DEL.METHOD.. FAX

EST. CHARGE.. \$285.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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H 9 7 0 0 0 0 0 0 ARTICLES OF ORGANIZATION FOR THE COMPANY LIABILITY COMPANY	15
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ARTICIEI-Name: The name of the Limited Liability Company is: H&J Intercavibe Limited Company PORD DO	<u>1</u> = - -
ARTICLE II - Address: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	uny
is: 1492 West Flagler Street	
miami, FLORIDA 33135	
ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be:	
PERPETUAL Existence	
ARTICLE IV - Management: (check and complete the appropriate statement)	
The Limited Liability Company is to be managed by a manager or managers and name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:	the
·	
•	
The Limited Liability Company is to be managed by the members and the nan and address(es) of the managing member(s) is/ are:	ae(s)
Jorge Lamadrid	
1492 West Flagler St. +250	
Mi ami, Fla. 33135	
Frepared by: Jorge La Madrid 1492 W. Flagter St. 25 Minni Fl 33139 H97000000110	
\$ 4.4.0000000 H SEISE JT, impiN STET-PHY (205)	

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

granted by Jorge Lamadrid by Approval in writing only.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The full right to continue

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The undersigned member or authorized representative of a member of High J Intercaribe Limited Liability Co. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$_500 00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$______. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 500 . This total includes amounts from 2 and 3 above.

Signature of a member or authorized representative of a member.

(Is secretare with metics (OS AOS(3), Piorica Statutes, the execution of this affidavit specializes an affirmation under the penalties of pripary that the fiers stated harvin are tree.)

97 JUN 10 AH IO: 02

FILING FEE: \$ 250 for Articles of Organization and Affidavit

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	ame of the limited liability company is: H ?	JIni	ter ec	<u>:vib</u>
2. The name a	Ind address of the registered agent and office is:	14.1	97	
-	1492 West Flagler St. #250	LAHASSFE	JUN 10	<u> </u>
-	(P.O. Box and scenptable) Miami Fla. 33135 (City/State/Zip)	E, FLORIDA	NH 10: 02	5

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.

(Signatura)

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

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