

L98000002346

LAW OFFICES
MILLIKEN, P.C.

4643 EAST THOMAS ROAD, SUITE 9
PHOENIX, ARIZONA 85018
(602) 840-9140
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October 9, 1998

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****285.00 ****285.00

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: LAREDO HIDES & SKINS, L.L.C.

Ladies and Gentlemen:

We enclose Articles of Organization for the captioned company, Certificate Of Designation of Registered Agent/Registered Office for the captioned company, and a check for \$285.00 made payable to the Florida Department of State in payment of the filing fee and the fee for designation of Registered Agent.

The name and address of the person to contact with respect to this filing is James T. Milliken, 4643 East Thomas Road, Suite 9, Phoenix, Arizona 85018, and his daytime telephone number is (602) 840-9140.

The Registered Agent, whose name and address are shown on the Certificate of Designation of Registered Agent/Registered Office, can be reached at (401) 952-5012, if necessary.

Your cooperation is greatly appreciated.

Name	James T. Milliken
Available	Yes
Document Examiner	DCC
Updater	DCC
Verifier	James T. Milliken
Signature	JTM/hkp
Witness	DCC
Witness	DCC

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is LAREDO HIDES & SKINS, L.L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is 3956 TOWN CENTER BLVD., NO. 332, ORLANDO FLORIDA 32837.

ARTICLE III

The period of duration for the Limited Liability Company shall be JANUARY 1, 2047.

ARTICLE IV

_____ The Limited Liability Company is to be managed by _____ manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

 X The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

LUIS PEDRO CIERI
5600 POST RD #114-115
E. GREENWICH RI 02818

CARMEN CAMBON
5600 POST RD #114-115
E. GREENWICH RI 02818

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

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 with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

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TALLAHASSEE FLORIDA

ARTICLE VII- AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Laredo Hides & Skins, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$25,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is NONE; (A description of any such property is attached and made a part hereto,); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 100,000.



Signature of a member or an
authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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PABLO CIERI, authorized representative of Luis Pedro Cieri
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

LAREDO HIDES & SKINS, L.L.C.

2. The name and the Florida street address of the registered agent are:

PABLO CIERI

NAME

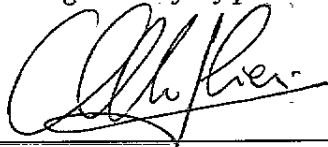
3956 TOWN CENTER BLVD #332

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

ORLANDO FL 32837

CITY, STATE AND ZIP

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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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