

L99000000134

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400002649544--6
-09/28/98--01004--001
****122.50 ****122.50

400002649544--6
-09/28/98--01004--002
****215.00 ****215.00

SUBJECT: ONE LAST DEAL, LLC
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: SHONA HENRIQUES
Name (Printed or typed)

404 WASHINGTON AVE # 680
Address

MIAMI BEACH, FLORIDA 33139
City, State & Zip

305 531-0922
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 DEC 28 PM 2: 08

FILED

Name	9/29/98
Availability	dec
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Act no judgement	DCC
Updater Verifier	DCC

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FF \$ 285
cc \$2.50

NOTE: Please provide the original and one copy of the articles.

W990000022182



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 29, 1998

SHONA HENRIQUES
404 WASHINGTON AVE., #680
MIAMI BEACH, FL 33139

SUBJECT: ONE LAST DEAL, LLC
Ref. Number: W98000022182

We have received your document for ONE LAST DEAL, LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application to file a limited liability company. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 698A00048687



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 29, 1998

SHONA HENRIQUES
404 WASHINGTON AVE., #680
MIAMI BEACH, FL 33139

SUBJECT: ONE LAST DEAL, LLC
Ref. Number: W98000022182

We have received your document for ONE LAST DEAL, LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

Please indicate which one will manage the company.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 498A00052849

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE LAST DEAL, LLC
A LIMITED LIABILITY COMPANY

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

404 WASHINGTON AVE # 680
MIAMI BEACH, FLORIDA 33139

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years from the date these Articles of Organization
are filed

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

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

NORMAN SILVERA
404 WASHINGTON AVE # 680
MIAMI BEACH, FLORIDA 33139

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:

NORMAN SILVERA
404 WASHINGTON AVE # 680
MIAMI BEACH, FLORIDA 33139

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TALLAHASSEE, FLORIDA
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ARTICLE V - Admission of Additional Members:

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

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:

RICARDO SCIPIO
6538 COLLINS AVE # 327
MIAMI BEACH, FLORIDA 33141

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____

certifies:

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TALLAHASSEE, FLORIDA

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$100.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0; (A description of the 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 \$100.00

Norman Silvera
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.)

NORMAN SILVERA
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: ONE LAST DEAL, LLC

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

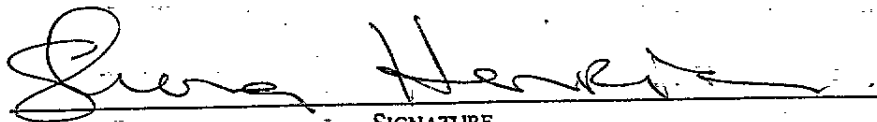
SHONA HENRIQUES NAME

404 WASHINGTON AVE, # 680
Florida street address (P. O. Box NOT ACCEPTABLE)

MIA BEC. FL 33139
CITY, STATE AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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