

99000009191



ACCOUNT NO. : 072100000032

REFERENCE : 522284 7200173

AUTHORIZATION : Patricia Pizent

COST LIMIT : \$ 125.00

ORDER DATE : December 20, 1999

ORDER TIME : 10:53 AM

ORDER NO. : 522284-005

800003079978--9

CUSTOMER NO: 7200173

CUSTOMER: Ms. Veronica M. Caceres  
MS. VERONICA MILLAN CACERES  
MS. VERONICA MILLAN CACERES  
201 Crandon Blvd. 1227

Key Biscayne, FL 33149

DOMESTIC FILING

NAME: TRIBAL LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 DEC 27 AM 11:56

FILED

WC 12/27

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATE SERVICES  
TALLAHASSEE FLORIDA

99 DEC 27 AM 9:21

RECEIVED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TRIBAL LLC

**ARTICLE II - Address:**

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

201 CRANDON BOULEVARD 127, KEY BISCAWAYNE, FLORIDA 33149

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CORPORATION SERVICE COMPANY		
Name		
1201 HAYS STREET		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
TALLAHASSEE,	FL	32301
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 as provided for in Chapter 608, F.S..*

*Laura R. Dunlap*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Laura R. Dunlap*  
Signature of a member or an authorized representative of a member.

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

LAURA R. DUNLAP  
Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 DEC 27 AM 11:57

FILED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of TRIBAL LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this day of December 21, 1999.

E. Demillan  
WITNESS

EUGENIA C. DEMILLAN  
TYPED OR PRINTED NAME

[Signature]  
WITNESS

NABIA L. FETZER  
TYPED OR PRINTED NAME

[Signature]  
SIGNATURE

Veronica Millan Caceres  
TYPED OR PRINTED NAME

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA