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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

DIVISION OF CORPORATIONS

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**LIMITED LIABILITY COMPANY  
CORAL GABLES LIQUIDATIONS, LLC**

**AL**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

**CORAL GABLES LIQUIDATIONS , LLC**

ARTICLE II - Address the mailing address and street address of the principal office of the Limit Liability company is:

3750 NW 114 Ave. #6  
Miami, FL. 33178

ARTICLE III - Registered Agent, Registered office & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

**Alfredo Ratmiroff**  
Name  
3750 NW 114 Av. #6  
Florida, address (P.O.Box no acceptable)  
Miami, FL. 33178  
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.


X   
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

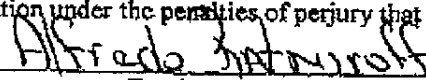
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manger, managed company.

Liquidations usa,llc Carolina Rodriguez Jorge Benavides Luis Ruben Rodriguez Barniz  
3750 nw 114 Ave 3750 Nw 114 Ave 3750 Nw 114 Ave 3750 nw 114 ave  
Miami, Fl. 33178 Miami, Fl. 33178 Miami, FL 33178 Miami, FL 33178

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

X   
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)

  
Typed or printed name of signee

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SECRETARY OF  
TALLAHASSEE,