1 of 1

Electronic Filing Cover Sheet

Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION

LIMITED LIABILITY COMPANY

eca group, llc

Certificate of Status	0	
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Electronic Filing Menu.

Corporate Filing

Rublic Access Help

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, # 04000051008

(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DOM:	GROUP, LLC	Maria Cara Cara Cara Cara Cara Cara Cara	
RTICLE II - Address: he mailing address and street a	ddress of the principa	l office of the Limited Liability C	ompany is:
rincipal Office Address:		Mailing Address:	
11939 SW 75 St	****	SAME	
Miami, FL 33183			
. ,		. O. Danistanal Amerika Signatu	Plan P
he name and the Florida street	address of the register		D
he name and the Florida street			D
he name and the Florida street	address of the register RDO ALVAREZ Name		DIVISION OF 04 MAR -
he name and the Florida street EDUA 11939 SW	address of the register RDO ALVAREZ Name	ed agent are:	04 MAR -9
11939 SW	address of the register RDO ALVAREZ Name 75 St street address (F.O. Box I	ed agent are:	04 MAR -9

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) 04000051008

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mcmber	
MGR	EDUARDO ALVAREZ
	11939 SW 75 St
	Miami, FL 33183
MGRM	ISABEL ALVAREZ
	11939 SW 75 St
	Miami, FL 33183
The state of the s	* <u></u>
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of an	authorized representative of a member.
(in apportance with section 60 of this document constitutes an that the facts stated become are	8.408(3), Plorida Statutes, the execution affirmation under the penalties of perjury true.)
EDUARDO ALVA	AREZ

Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 36.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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Typed or printed name of signes