

L 04000057765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

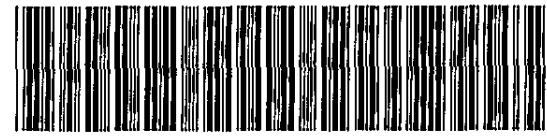
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/04--01028--013 **155.00

DIVISION OF REGISTRATION
04 AUG -4 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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LAZARUS CORPORATE FILING SERVICE

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TALLAHASSEE, FLORIDA
STATE FEE RATE
213/04

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HARD LIFE LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2.00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
04 AUG -4 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
EFFECTIVE DATE
8/3/04

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARD LIFE LLC

ARTICLE II - Address:

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

8901 N.W. 7th Avenue
Miami Florida 33150

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

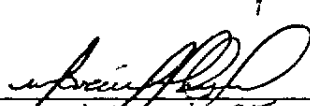
The name and the Florida street address of the Registered Agent are:

Marianelly Rodriguez
Name

8901 N.W. 7th Avenue
Florida street address (P O Box NOT Acceptable)

Miami Florida 33150
City, State, and Zip Code

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.


Registered Agent's Signature
Marianelly Rodriguez

ARTICLE IV - Members:

JORGE ROBAINA
141 Alton Road, Miami Beach, Florida 33139-

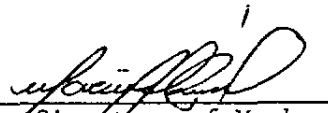
JULIO ALBERTO POCATERRA BRANGER
Avenida Sn.Juan Bosco Quinta #65
Villa De Altamira, Caracas, Venezuela,
Sur America

JULIO JOSE POCATERRA DACAL
Avenida Sn.Juan Bosco Quinta #65
Villa De Altamira, Caracas, Venezuela, S.A.

MARIANELLY RODRIGUEZ (MGRM)
199 Ocean Lane Drive #505
Key Biscayne, Florida 33149-1423

ARTICLE V - Date:

This Articles of Florida Limited Liability Company to be effective
this 3rd day of August of 2004.



Signature of Member

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

Marianelly Rodriguez

Typed or printed name of signee