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S BR. S HILLS OFFICE USE ONLY(DOCUMENT # LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) Pick up time Certified Copy. Mail out Will wait Certificate of Status Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership

Reinstatement

Examiner's Initials

Trademark

Other

CR2E031(9/92)

Name Reservation

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: コピコ ラールルフ / ルビミアハ	ENTS BROVE
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Con	anany io
1584) PINES BLVD, # 319	ipatry is.
PEMBROKE PINES, FL. 33029 25 3	-11
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's signature	
The name and the Florida street address of the registered agent are:	
EUNICE RUIZ Name	
	2
15841 PINES BLVD. # 319 DM	
Florida street address (P.O. Box NOT acceptable) PEMBROKE PINES FL 33029	
City, State, and Zip	
agent and agree to act in this capacity. I further agree to comply with the provisions of all startlating to the proper and complete performance of my duties, and I am familiar with and accordingations of my position as registered agent as provided for in Chapter 608, F.S	
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.	,
MEMBERS MANAGERS EUNICE PLAIR	2
JEAN RENAZILE	n de la companya de La companya de la companya de l
JEAN MICHELLE	
(An additional article must be added if an effective date is requested)	
Signature of a member or an authorized representative of a member.	•
Digulation of a member of an authorized 1 spicescutative 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	
Typed or printed name of signee	.5 .60

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)