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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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05 OCT -5 AM 10:52
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Charter Number Only

10-4-05 Michelle

Dunkley & Associates

Requestor's Name
14100 Palmetto Fountains Rd. #201

Address
Miami, FL 33016

City State ZIP Phone

305-821-6232

VALIDATION ONLY

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CORPORATION(S) NAME

NATIONAL RECOVERY + RECONSTRUCTION, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other LEC
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

NATIONAL Recovery & Reconstruction, LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2042 S.W. 176 AVE.
MIRAMAR, FL 33029

same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

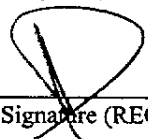
The name and the Florida street address of the registered agent are:

LINDSAY Dunkley
Name

2042 S.W. 176 AVE
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR FL 33029
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Luis E. Fortou
2042 S.W. 176 AVE
MIRAMAR, FL. 33029

MGR

Edgardo Vengoechea
2042 S.W. 176 AVE
MIRAMAR, FL. 33029

MGR

ENRIQUE GONZALEZ
2042 S.W. 176 AVE
MIRAMAR, FL. 33029

MGR

Regina E. Guerra
2042 S.W. 176 AVE
MIRAMAR, FL. 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Regina E. Guerra
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.)

Regina E. Guerra
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)