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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.
MAMALU WOOD LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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SECRETARIAT
TALLAHASSEE FLORIDA

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M. HODGES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
MAMALU WOOD LLC

ARTICLE II - Address:

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

Principal Office Address:

9305 SW 77 AVE #431
MIAMI, FL 33156

Mailing Address:

SAME

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

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

MARIA J. TORRES
Name
9305 SW 77 AVE #431
Florida street address (P.O. Box NOT acceptable)
MIAMI, FLORIDA 33156
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.

Maria J. Torres
Registered Agent's Signature

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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: _____

"MGR" = Manager

"MGRM" = Managing Member

"MGRM"

Name and Address:

MARIA J. TORRES

9305 SW 77 AVE #431

MIAMI, FL 33156

MGRM

LUIS A. GONZALEZ

9305 SW 77 AVE

MIAMI, FL 33156

(Use attachment is necessary)

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

MARIA J. TORRES

Typed or printed name of signer