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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

8002 sw 149 avenue #B-310, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

3

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:

8002 SW 149 AVENUE #B-310, LLC

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

12911 SW 117 Street  
Miami, FL 33186

**Mailing Address:**

12911 SW 117 Street  
Miami, FL 33186

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

LINDA PERLA EISENMAN LEE

Name

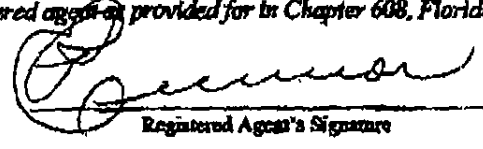
12911 SW 117 Street

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FLORIDA 33186

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, Florida Statutes.*

  
Registered Agent's Signature

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(CONTINUED)

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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

**Name and Address:**

MGR

LINDA PERLA EISENMAN LEE

12911 SW 117 Street

Miami, FL 33186

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(Use attachment if 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.)

LINDA PERLA EISENMAN LEE

Typed or printed name of signor

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