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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIS RESPUESTOS, 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIS REPUESTOS, LLC.

ARTICLE II - Address:

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

**1000 N HIATUS RD, SUITE 106
PEMBROKE PINES, FL 33026**

Principal Office Address:

1000 N. HIATUS RD, SUITE 106
PEMBROKE PINES, FL 33026

Mailing Address:

1000 N. HIATUS RD, SUITE 106
PEMBROKE PINES, FL 33026

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

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

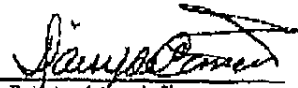
DAISY CARRERO

Name

Florida street address (P.O. Box not acceptable)

**1000 N. HIATUS RD, SUITE 106
PEMBROKE PINES, FL 33026**

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

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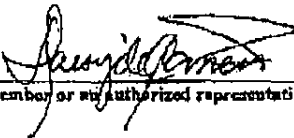
ARTICLE IV -- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGR	DAISY CARRERO 1000 N. HIATUS RD, SUITE 106 PEMBROKE PINES, FL 33026
MGR	RAFAEL CARRERO 1000 N. HIATUS RD, SUITE 106 PEMBROKE PINES, FL 33026

(Use attachment if necessary)


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

REQUIRED SIGNATURE:

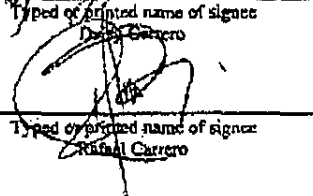


 Signature of a member or an authorized representative of a member.

(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.)



 Typed or printed name of signer
 Daisy Carrero



 Typed or printed name of signer
 Rafael Carrero

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