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Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____
```

FLORIDA LIMITED LIABILITY CO.
EVO HOLDINGS, LLC

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

C. LEWIS

JUN 27 2012

EXAMINER

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

EVO Holdings, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

10881 NW 29th Street
Doral, Florida 33172

Mailing Address:

10881 NW 29th Street
Doral, Florida 33172

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:

Carlos M. Farah
Name

999 Ponce de Leon Blvd., Suite 625
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables   FL 33134
City, State, and Zip

12 JUN 26 AM 8: 38   FILED

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)

Page 1 of 2

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 _____   Mike Maranges
10881 N.W. 29th Street
Doval, FI 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: __6/28/2012__ (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:

_____
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mike Maranges
_____
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)

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