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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; EMFIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Phone Fax Number

: (305)633-9696

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Email	Address:	<u> </u>	
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FLORIDA LIMITED LIABILITY CO. 650 N.W., LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be:

650 N.W., LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited inability company is:

650 NW 120 STREET, SUITE #2 MIAMI, FL 33168

ARTICLE IV

The name of the Managing Member (S) shall be:

MGRM MAURICIO LINDO 19333 COLLINS AVENUE, SUITE #1404 SUNNY ISLES, FL 33160

ARTICLE Y

The name and Florida street address of the registered agent shall be:

MAURICIO LINDO

19333 COLLINS AVENUE, SUITE #1404

SUNNY ISLES, FL 33160

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

650 N.W., LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

Signature of a member of an authorized representative of a

(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)

MAURICIO LINDO
Typed or printed name signee