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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A GUILERA BROTHERS CO. L. L. C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rodolfo Agrifera
Aguileet BROTHERS Co. L. L.C. Firm/Company
16451 N.W. 13 ST.
Pembroke Pines FL. 33028
Rudy aquiler SR & MAIL. COM
E-mail ddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rodolfo Hquileat 954 253 4035 Name of Roson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(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:	Mailing Address:
16451 W.W. 13 ST.	16451 N.W. 135+
DEMBOURE PILES EL 23/28	PEMBROKE PINES EL 33028
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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:

RodoLfo Aguilern

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

Penbroke Pixes FL, 33020

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Amben	Rodolfo Aguiler 16451 N. W. 01357 Dembrite PINES FL 330 Repl Aguilen 6349 Royal Off
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
f an effective date is listed, the date must be s e date of filing.)	meet the applicable statutory filing requirements, this date will not be li
f an effective date is listed, the date must be see date of filing.) ote: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be li
f an effective date is listed, the date must be see date of filing.) ote: If the date inscrted in this block does not be document's effective date on the Department of any. REQUIRED SIGNATURE: Signature of any	meet the applicable statutory filing requirements, this date will not be list of State's records.
f an effective date is listed, the date must be see date of filing.) ote: If the date inscrted in this block does not be document's effective date on the Department of any. REOUIRED SIGNATURES Signature of any This document is exect I am aware that any false.	meet the applicable statutory filing requirements, this date will not be left of State's records.

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)