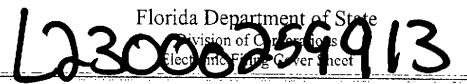
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Division of Corporations



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From: Yanet Avila

ARTIC	LES OF ORGANIZATION FO	RFLORIDALIMITI	THE TO COMPANY		
ARTICLE I - Name: The name of the Limited I			- Indian Contract		·····
МВМ ТАМРА					
	t contain the words "Limite	d Liability Company	v. "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	reet address of the principal	office of the Limite	d Liability Company is:		
<u>Pri</u> <u>3666 SW 5</u> TH 1	incipal Office Address:		Mailing Address	<u>ss</u> :	
MIAMI, FL 331		SA	ME		
ARTICLE III - Registered (The Limited Liability Com- another business entity with	i an active Florida registrati	n Registered Agent. on.)	nt's Signature: You must designate an indiv	ridual or	
The name and the Florida st					
	DOWNTOWN ACC	Name Name	<u> </u>		
	255 EAST FLAGLE	R STREET # IAL			
	Florida atreet address	s (P.O. Box NOT a	coeptable)		
	МІАМІ	FL	33131		
	City	State	Zip		
Having been named as register place designated in this certific further agree to comply with the am familiar with and accept the	e provisions of all statutes re e obligations of my position	omunent as registere	ad agent anti agree to act in the and complete performance of the provided for in Chapter 60.	his capacity. I	
				FLC ST	

Title: "AMBR" = Authorized Member "MGR" = Manager	authorized to manage and control the Limited Liability Company: Name and Address:
AMBR	MANUEL FELIPE ROMERO 33.33% 3666 SW 5TH TERR MIAML FL 33135
AMBR	RAMON ENRIQUE FELIZOLA PESCATURE 33.33% 3225 N GRAPEVNE MILLS BLVD #4116 GRAPEVINE, TX 76051
AMBR	VICTOR SAVERIO FELIZOLA 33.33% 353 N. CENTRO CIR SHENANDOAH, TX 77385
of filing.) f the date inserted in this block does not r mont's effective date on the Department	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 meet the applicable staustory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a mont's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable staustory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not a mont's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	meet the applicable staustory filing requirements, this date will not of State's records.