Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694

Fax Number : (305)541-3770

LIMITED LIABILITY COMPANY

PAPA CONCH, LLC

Certificate of Status	Q
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Estimated Charge	\$155.00

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FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name

The name of the Limited Liability Company is:

PAPA CONCL, LLC

ARTICLE II - Address

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

19 W. Playla St #1212 Miami, F1. 33130

ARTICLE III - Registered Agent, Registered Office, &

Registered Agent's Signature:

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

Timothy K. Backet

19 W. Flagles #1212
Florida street address

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SECRETARY DESTATE

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 forth shapter of F.S.

Registared Agent's Signature

ARTICLE N - Management (Check only if applicable).

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional principle must be added if an effective date is required).

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

(In accordance with Section 608,408(3), Florida Status, 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 signee