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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

EFFECTIVE DATE**2-18-04****LIMITED LIABILITY COMPANY****rosa's y rosa's four seasons, llc**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY CO.
Rosa's y Rosa's Four Seasons, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is Rosa's y Rosa's Four Seasons, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Rosa's y Rosa's Four Seasons, LLC is
c/o 1500 San Remo Ave., Suite 103, Coral Gables, FL 33146.

ARTICLE III - Registered Agent:

The name of the Registered Agent and street address is:

Pablo R. Bared, Esq.
Bared and Assoc., PA
1500 San Remo Avenue, Suite 103
Coral Gables, Florida 33146

EFFECTIVE DATE

2-18-04

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.

Pablo R. Bared, Esq.
Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one operating manager and two managers.

Operating Manager/Maria Guadalupe Medina Garcia
Manager /Karla S. Medina
Manager/ Carlos Medina

ARTICLE V - EFFECTIVE DATE

The Limited Liability Company is effective as of February 18, 2004.

Pablo R. Bared, Esq., Authorized Representative for
Rosa's y Rosa's Four Season, LLC

(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.)

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