da Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000107493 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SIVISION OF CORPORATION OF CORPORATI Fax Number Account Name

: (850)205-0383

: EMPIRE CORPORATE KIT COMPANY Account Number: 072450003255 : (305)634-3694

Phone Fax Number : (305)633-9696

Division of Corporations

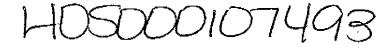
LIMITED LIABILITY COMPANY

p.c. 975, l.l.c.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$125.00

T. Brumbley MAV





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

P.C. 975, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: P.C. 975, L.L.C.

ARTICLE II

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

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41 STREET, #615, MIAMI, FLORIDA 33178

ARTICLE IV

The name of the Managing Member(s) for this company shall be:

EMILIO TREZZA DELIA 11223 NW 75TH LANE, DORAL, FL 33178

ANNA MASTRANGELO 11223 NW 75TH LANE, DORAL, FL 33178

MARIA A. TREZZA 11223 NW 75TH LANE, DORAL, FL 33178

EMILIO J. TREZZA 11223 NW 75TH LANE, DORAL, FL 33178

FRANCA M. TREZZA 11223 NW 75TH LANE, DORAL, FL 33178

ARTICLE V

The name and the Florida street address of the registered agent are: CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET, SUITE C-201, MIAMI, FLORIDA 33172

1105000 110000 10000 S0000-60-84-84

HOSO00107493

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

P.C. 975, L.L.C.

(Name of Company)

Having been name 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 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.

Cabanas/& associates, p.a.

Registered Agent

Signature of a Member or an Authorized Representative of a Member

(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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signce

HOS 000 107493