## L00000101468

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE



Verifyer

Acknowledgment

W.P. Verifyer

SECRETARY OF STATE
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SECRETARY OF STA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the prints:	ncipal office of the Limited Liability Comp
rincipal Office Address:	Mailing Address:
2545 NW. 39 th. AVE.	2545 NW. 39 th.AVE.
MIAMI.FI. 33142	MIAMI.FL.33142
AMT ET 331/2	MIAMI.FI33142

Name

18030 NW. 84 AVE.

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

MIAMI, FLORIDA 33015

City, State, and Zip Code

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE ATTOMS DIVISION OF 17 PM 12: 19

## ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana "MGRM" = Ma	naging Member	•		•
"MGR"			RICHARD DURAN	-
	•		18030 NW. 84 AVE. MIAMI, FL. 33015	_
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Use attachment	is necessary)			- <b>60</b>
ote: An additio	nal article must b	e added if an eff	ective date is requested.	2006 OCT 17
EQUIRED SIG	•			*
	1 Acch		en	PM 12:
	7.77		ed representative of a member.	. 19

Page 2 of 2

Typed or printed name of signee

RICHARD DURAN