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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839
Fax Number : (305)737

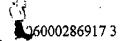
## DRIDA/FOREIGN LIMITED LIABILITY CO DEAN AND MEGNA, LLC

Certificate of Status Certified Copy 1 Page Count 01 \$155.00 Estimated Charge

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|   | •   |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: Dean and Megna, LLC   |   |
| ARTICLE II –Address:  The mailing address and street address of the principal office of the Limited Liability Company is: 12019 S.W. 39 <sup>th</sup> Terrace Miami, Florida 33175  |   |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:<br>The name and the Florida street address of the registered agent are:<br>Ian Robert Dean   | <b>.</b>  |
| Name<br>12019 S.W. 39 <sup>th</sup> Terrace   |   |
| Florida street address (P.O. Box NOT acceptable)  |   |
| Miami, Florida 33175  |   |
| City, State, and Zip  |   |
| 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 statues 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  | ,   |
| ARTICLE IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.  | 493 <u>50</u><br>,500<br>)<br>( )<br>( )<br>( ) |
| (An additional article must be added if an effective date is requested)   | 45000<br>Epiter<br>2                            |
| Signature of a member or authorized representative of a member.   |   |
| Signature of a member or 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.)

Ian Robert Dean 12019 SW 39th Terrace.
Miami F1 331 75

Typed or printed name of signee

Prepared by: Jaime Maya 7705 NW 23 Street Pembroke Pines, F1 33024 (954) 981-4819