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SECRETARY OF STATE
ALLAHASSEF FIORITA

LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2006 Walk in Certified Copy ☐ Mail out Will wait ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Resignation of R.A., Officer/Director . Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

RICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMME
ARTICLE I - Name: The name of the Limited Liability Company is:	ALCON WILLIAM
ENRIQUEZ BROTHERS Most end with the words "Limited Limbility Company, "Limited Limbility Company,"	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
27.57 SW 142 AVE MINHUT, PL 33175	SAUE
ARTICLE III - Registered Agent, Registere (The Limited Limbility Company cannot serve as its own Region business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature; istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
SERGIO A.	ENISIONES
2757 SW	142 AUE
Florida street a	ddress (P.O. Box NOT acceptable)
City, State	FL 3317S , 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 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 (REQUIRED)

(CONTINUED) Page 1 of 2

itte: MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRM	SERGIO A ENRIQUEZ
MGRM	ESTHEN J. ENRIQUE
	275) SW 142 AVE MIMMI, FC 33175
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Use attachment if necessary)	.;
EV: Effective date, if other than ective date is listed, the date mulays after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business d
EV: Effective date, if other than	the date of filing: (OPTION st be specific and cannot be more than five business d
E V: Effective date, if other than ective date is listed, the date mulays after the date of filing.) EQUIRED SIGNATURE:	the date of filing: (OPTION st be specific and cannot be more than five business described by an authorized representative of a member.
E V: Effective date, if other than ective date is listed, the date mulays after the date of filing.) EQUIRED SIGNATURE: Signature of a min of this document of this document.	st be specific and cannot be more than five business d
EV: Effective date, if other than ective date is listed, the date mulays after the date of filing.) LEQUIRED SIGNATURE: Signature of a million of this document of this document.	st be specific and cannot be more than five business deposition of a member. The section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury inted herein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)