L00000004210

INCORPORATION COVER SHEET

DATE 4/5/2000 .	-04/11/0001018007 ****125.00 ****125.00
	0000032026700 -04/11/0001018008 *****35.00 *****35.00
INCORPOTRATION TYPE LIMITED L	IABILITY COMPANY
CORPORATION NAME VARON CADENA	VILLAMIZAR L.L.C.
REGISTERED AGENT JAIRO VARON TEL: (561) 352-3	
INCORPORATOR HUMBERTO CADEN	FL09:

F00-191/19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VARON CADENA VILLAMIZAR, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1200 South Congress Ave # 540 West Palm Beach, F1 33406

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JAIRO VARON									
Name									
7123 VENETIAN	WAY								
Florida street address (P.O. Box NOT acceptable)									
WEST PALM BEACH	FL 33406								
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 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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

HUMBERTO CADENA

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limit	ted Liabilit	ty Con	npany is:					
V.	ARON CADI	ENA VIL	LAMI	ZAR, L.L.C	J				
2. The name	and the Flor	ida street a	addres	s of the registe	red agent an	d office are:			
		JA	IRO 7	VARON					
	- 1 	,		(Name)	<u> </u>	//			
	71	l23 Vene	etian	n Way					
		Florida s	reet ad	dress (P.O. Box	NOT ACCEPTA	BLE)	<u> </u>		
	West Pa	alm Bead	ch	FL	33406				
				City/State/Z	Zip				
izonity compa igent and agre relating to the p	ny at the plac e to act in thi proper and co	ce designat is capacity. Omplete pei	red in ti I furt rforma	to accept servic his certificate, i ther agree to co ince of my dutie t as provided fo	I hereby accepmply with the	pt the appointm provisions of amiliar with a	nent as i	registe	ered
((Sign	ature)	.00.00		on Amulianti	On	SECRETARY OF TALLAHASSEE, F	00 APR 10 AM 9:	FILED