Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : [

: (850)205-0383

From:

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

Account Number: 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346

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LIMITED LIABILITY COMPANY

L.A. SUPPLIES INT'L L.L.C.

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Certificate of Status	1 0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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- ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I-	Name:
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The name of the Limited Liability Company is:

L.A. SUPPLIES INT'L L.L.C.

ARTICLE II - Address:

- The mailing address and street address of the principal office of the Limited Liability Company is:
10268 NW 56 Street, Miami, Fl 33178.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
JAIRO VARGAS
Name 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Florida street address (P.O. Box NOT acceptable)
Miami FL 33178 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 appointment of the comply with the agent of the complex
accept the obligations of my position as fegistered agent as provided for in Chapter 608, F.S
Ayticle 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 anyeffective 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.)
JAIRO VARGAS / MEMBER.
Typed or printed name of signee