

L010000

13093

Charter Number Only

8-6-01

VALIDATION ONLY

Perez, Bahar & Associates
 Requestor's Name
13935 NW 1st Avenue
 Address
Miami FL 33168
 City State ZIP Phone
9694C

000004522320--3
 -08/07/01--01019--024
 ***155.00 ***155.00

CORPORATION(S) NAME

LOSARGEN, LLC



Empire Toll Free: 1-800-432-3028

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 AUG -7 AM 10 06
 NOT REPLIED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING

- Non Profit
- Amendment
- Merger
- Foreign
- Dissolution
- Mark
- Limited Partnership
- Annual Report
- Other **LLC**
- Reinstatement
- Reservation
- Change of Registered Agent
- Certified Copy
- Photo Copies
- Certificate Under Seal
- Call When Ready
- Call If Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

101-8701

01 AUG -7 AM 11:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOSARGEN, LLC

ARTICLE II - Address:

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

**Gustavo Jaime Wengrovski
13935 NW 1st Avenue
Miami, Fl. 33168**

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

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

94000055809
**Perez, Behar & Associates, PA
13935 NW 1st Avenue
N Miami, Fl. 33168**

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, FS..

Ramon [Signature] 8-6-01
Registered Agent's Signature

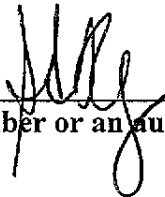
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG - 7 AM 11: 25

APPROVED
AND
FILED

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.

 8-6-01

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.)

Sandra Perez
Incorporator

APPROVED
AND
FILED
01 AUG - 7 AM 11: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA