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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

AL1

LIMITED LIABILITY COMPANY

LIQUIDATIONS USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 1, 2001

FAS-T CORP. AGENTS, INC.

SUBJECT: LIQUIDATIONS USA, LLC
REF: W01000025184

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

LIQUIDATION USA, LLC

ARTICLE II - Address the mailing address and street address of the principal office of the Limit Liability company is:

**3750 NW 114 Ave. #2
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:

ALFREDO RATMIROFF

Name

3750 NW 114 Av. #2

Florida, address (P.O.Box no acceptable)

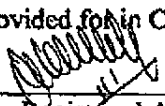
Miami, FL 33178

City, State and Zip

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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 manger, managed company.

OSCAR COLMENARES ALFREDO RATMIROFF

6881 North Grande Dr

.410 Jefferson Dr. #305

Boca Raton, Fl. 33433

Deerfield Beach, Fl. 33442

(An additional article must be added if an affective 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 penakies of perjury that the facts stated herein are true)

Alfredo Ratmiroff

Typed or printed name of signer