

L02000008306**Florida Department of State**

Division of Corporations

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MJH**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.****To:**Division of Corporations
Fax Number : (850) 205-0383**From:**Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696**RECEIVED****02 APR -8 PM 4: 23****DIVISION OF CORPORATION****LIMITED LIABILITY COMPANY****lacas llc**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2

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ARTICLES OF ORGANIZATION
OF
LACAS LLC.

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

ARTICLE I-NAME

The name of this limited liability company LACAS LLC.

ARTICLE II-ADDRESS

The mailing address and street address of the Company's principal office is:

11535 SW 185th Street
Miami, FL 33157

ARTICLE III-REGISTERED AGENT AND OFFICE

The name of the Company's initial registered agent is:

LAZARA CASANOVA

The street address of the Company's initial registered agent is:

11535 SW 185th Street
Miami, FL 33157

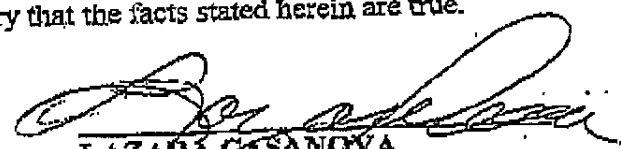
ARTICLE IV-MANAGEMENT

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

The undersigned Member has executed these Articles of Organization effective as of the 5th day of April, 2002.

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.

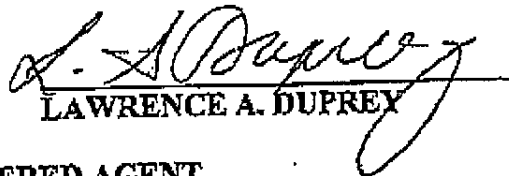
THIS INSTRUMENT WAS PREPARED BY:
RUBEN E. DORTA, P.A.
6011 West 16th Avenue
Hialeah, FL 33012
FBN: 441066


LAZARA CASANOVA

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LAWRENCE A. DUPREY

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for LACAS LLC., at the place designated in its Articles of Organization, 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.

Dated this 5th day of April, 2002.



LAZARA CASANOVA


STATE OF FLORIDA)

:SS

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared, **LAZARA CASANOVA**, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following forms of identification of the above-name person: Personally known.

WITNESS my hand and official seal, this 5th day of April, 2002, in the County and State aforesaid.



NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
My commission expires:

RUBEN DORTA
Notary Public, State of Florida
My comm. exp. June 25, 2003
Comm. No. CC843559

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