

**L02000009442**

Florida Department of State  
Division of Corporations  
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**MJH**

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To:  
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Fax Number : (850)205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**m.j.m. builders, LLC.**

Certificate of Status	0
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(A)

**ARTICLES OF ORGANIZATION  
OF  
M.J.M. BUILDERS, L.L.C.**

**ARTICLE I**

The name of this Limited Liability Company shall be: **M.J.M. BUILDERS, L.L.C.**

**ARTICLE II**

The Limited Liability Company shall exist for a period of thirty years.

**ARTICLE III**

This Limited Liability Company is created for any lawful business purpose, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

The members may continue the business of this Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member.

**ARTICLE IV**

The place of business and mailing address of this Limited Liability Company shall be 209 West 21st Street, Hialeah, Florida 33010, and such other place or places as the members from time to time may determine. The initial registered agent of the Limited Liability Company shall be John M. Rodriguez, Esq.

The initial registered office address shall be 7600 West 20th Avenue, Suite 220, Hialeah, Florida 33016.

**ARTICLE V**

The members of this Limited Liability Company, and their respective membership shares are:

MICHELE GAINES	60%
MARIO INESTROZA	40%

**ARTICLE VI**

The Limited Liability Company will be managed by two managers. The initial managers shall be: **MICHELE GAINES** and **MARIO INESTROZA**. Their addresses are:

**MICHELE GAINES  
209 West 21 Street  
Hialeah, Florida 33010**

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**WRITTEN ACCEPTANCE BY AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE REGISTERED OFFICE DESIGNATED IN THE CERTIFICATE SET FORTH ABOVE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER STATE THAT I AM FAMILIAR WITH AND ACCEPT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES AND THIS POSITION.

  
\_\_\_\_\_  
JOHN M. RODRIGUEZ  
AS REGISTERED AGENT FOR  
M.J.M. BUILDERS, L.L.C.

STATE OF FLORIDA            )  
                                          ) SS  
COUNTY OF MIAMI-DADE    )

The foregoing instrument was acknowledged before me this 17 day of April, 2002, by JOHN M. RODRIGUEZ, who personally appeared before me, who is personally known to me, and who did taken an oath.

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
Print Name: Priscilla Noalla

Print type or stamp name of Notary Public  
Personally known  OR Produced I.D.   
Type of I.D. produced: \_\_\_\_\_



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