Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : ACE INDUSTRIES, INC.

Account Number : 070744001530

Phone

(105)250

Fax Number

: (305)358-2571 : (305)358-7832

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LIMITED LIABILITY COMPANY

SMITH-FALCHETTI, LLC

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

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State.

July 18, 2002

ACE INDUSTRIES, INC.

SUBJECT: SMITH-FALCHETTTI, LLC

REF: W02000020753

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In each Article, you must identify what information is being listed. instance, in Article I, you must say something like "The name of the Limited Liability Company is SMITH-FALCHETTI, LLC."

You could copy the necessary language from our standard LLC form on SUNBIZ.ORG.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr 🚡

FAX Aud. #: H02000167885 Letter Number: 902A00044089

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H02-167885

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO

ARTICLE I - Name of Limited Liability Company:

SMITH-FALCHETTI, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 18259 NW 61 COURT

City, State & Zip: MIAMI, FLORIDA 33015

ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature:

ENRIQUE MENDEZ DIAZ Name

18259 NW 61 COURT Address (P.O. Box NOT Acceptable)

MIAMI, FLORIDA City, State, 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 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

07/17/02 Date

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.

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.

> ENRIQUE MENDEZ DIAZ Typed or printed name of signee

H02-167885

Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-2571