

Florida Department of State Division of Corporations Public Access System

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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 SIVISION OF CORPORATION

Manuscon Physical Phy

LIMITED LIABILITY COMPANY

BIRRAS L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIRRAS L.L.C.

ARTICLE II - Address:

N 3M2 AUC 20 PM 304 The mailing address and street address of the principal office of the Limited Liability Company is: 1825 Ponce De Leon Blvd, #378, Coral Gables, Fl 33134.

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

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

LUIS F. TRUJILLO	
Name	•
1825 Ponce De Leon Blvd,	# 378
Florida street address (P.O. Box NOT acceptable)	
Coral Gables FL 33134.	
City, State, and Zip	

Having heen 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. N 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.

Agent's Signature

The Limited Liability Comment	oox a applicable.)	
therefore a manager make a	is to be managed by one manager or more managers	and is,
therefore, a manager - managed	company	,
CAm additional results		
(An additional article	e-must be added if an effective date is requested)	
<u> </u>	a car	
Signature of a men	nber or an authorized representative of a member.	
(In accordance with of this document conthat the facts stated	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)	• ,
_ \$\b\B\$07	6 MENDOZA	٠
,	Typed or printed name of signee	
ALBERTO MENDOZA 1825 Ponce De Leon Blvd Ste‡378	(Member)	MO MIC CO PH 3: OH
Coral Gables, Fl 33134.	•	
Patricia P. De Mendoza		المناسبة المناسبة المناسبة
1825 Ponce De Leon Blvd Ste#378	(Member)	67 °
Coral Gables, Fl 33134.		30%
Andres Medoza 1825 Ponce De Leon Blvd Ste# 378 Coral Gables, Fl 33134. Mauricio Mendoza	(Member)	
1825 Ponce De Leon blvd Ste# 378 Coral Gables, Fl 33134.	(Member)	·