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To:

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Account Name : EMPIRE CORPORATE KIT COMPANY
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LIMITED LIABILITY COMPANY

amilx enterprises, lc.

Certificate of Status	0
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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION
OF
AMILEX ENTERPRISES, LC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be AMILEX ENTERPRISES, LC., ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 2720 West 1st Avenue, Hialeah, FL 33010.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are SANTIAGO DIEZ, P.A., 80 S.W. 8th Street, Suite 1830, Miami, Florida 33130.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

SANTIAGO DIEZ, P.A.

By:

Santiago Diez, President

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IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Miami, Florida, on October 23, 2002.

SANTIAGO DIEZ, P.A.

[Signature]
Santiago Diez, President

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TALLAHASSEE
FLORIDA

(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.)

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this October 23, 2002 by Santiago Diez, President, SANTIAGO DIEZ, P.A., who is X personally known to me OR _____ produced identification.
Type of identification produced: _____

[Signature]
Notary Public -- State of Florida



Thomas H. Williams
MY COMMISSION # CC24261 EXPIRES
July 23, 2003
BONDED THRU TROY FAY INSURANCE, INC.

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