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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

l. & p. llc.

LO3-23857
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Certificate of Status	0
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(3)

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

L. & P. L.L.C.

ARTICLE I

The name of the Limited Liability Company shall be: **L. & P. L.L.C.**

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

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DEPARTMENT OF SHIRLEY
TALPAGESSE, FLORIDA

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 525 N.W. 72 AVENUE, MIAMI, FL 33126.

ARTICLE IV

The name and the Florida street address of the registered agent are:
PETER CAGLE, 6701 SUNSET DRIVE #112, MIAMI, FL 33143

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

L + P, LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the 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.

[Signature]
Registered Agent

Louis Markon
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.)

Louis Markon
Typed or printed name of signer

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JUN 29 11 08 AM '03
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