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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255

Phone Fax Number

: (305)634-3694

: (305)633-9696

LIMITED LIABILITY COMPANY

959, LLC.

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

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ARTICLES OF ORGANIZATION FOR 959, LLC. A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name

The name of the Limited Liability Company is:

959. LLC.

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3563 S.W. 8th Street, Suite 204, Miami, Florida 33135

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

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

Chavela Gonzalez 3563 S.W. 8th Street Suite 204 Miami, Florida 33135

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

ARTICLE IV-Effective Date: The effective date of this organization is the date of its filing.

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).

Isabel (Chavela) Gonzalez
Typed or printed name of signee

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