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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

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**LIMITED LIABILITY COMPANY**  
**JOSE M. ESQUIVEZ, LLC**

Certificate of Status	0
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*Handwritten signature and date: 11-24-03*

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**  
(Pursuant to s.608.407, Florida Statutes)

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **Jose M. Esquivéz, LLC**

**ARTICLE II - ADDRESS**

The mailing and street address of the principal office is: **811 Colonial Drive #811  
Tampa, FL 33613**

**ARTICLE III - REGISTERED AGENT**

The name and address of the registered agent are: **Jose M. Esquivéz  
811 Colonial Drive #811  
Tampa, FL 33613**

*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 heraby 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.*

Jose M. Esquivéz  
Signature of Registered Agent 11/21/03

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

**Jose M. Esquivéz  
811 Colonial Drive #811  
Tampa, FL 33613**

*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 within are true.*

Jose M. Esquivéz  
Signature of Member/Manager 11/21/03

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