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

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

LIMITED LIABILITY COMPANY

TEXTILE DELCRESA, LLC.

Certificate of Status	1
Certified Copy	0
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11/25/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

TEXTILE DELCRESA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

TEXTILE DELCRESA, LLC.

ARTICLE II - ADDRESS

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

**6771 GARDFIELD ST
HOLLYWOOD, FL. 33024**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

03 NOV 24 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

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

JUAN CASTILLA
Name

6771 GARDFIELD ST
Florida street address (P.O. BOX NOT acceptable)

HOLLYWOOD, FL 33024
City, State, and Zip

Yohima del Corral
14080 SW 84 Ave
Miami, FL. 33155
(305) 485 9300

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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- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JUAN CASTILLA
6771 GARDFIELD ST
HOLLYWOOD, FL. 33024

MANAGER

JOSE H. VARGAS
6771 GARDFIELD ST
HOLLYWOOD, FL.

MANAGER

(An additional article must be added if an effective date is requested)


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.)

JUAN CASTILLA
Typed or printed name of signee

FILED
AND
03 NOV 24 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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