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To:

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

From:

Account Name : DOMINGO ALONSO C.P.A.
Account Number : I20020000031
Phone : (305) 448-3898
Fax Number : (305) 443-9073

LIMITED LIABILITY COMPANY

COUNTY LINE HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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

ARTICLE I

The name of the Limited Liability Company is:

County Line Holdings, LLC

ARTICLE II

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

1490 W 49 Place, Ste 311
Hialeah, FL 33016

The mailing address of the Limited Liability Company is:

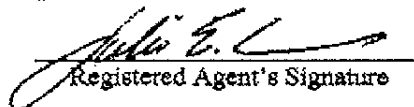
PO Box 651838
Miami, FL 33265

ARTICLE III

The name and address of the registered agent is:

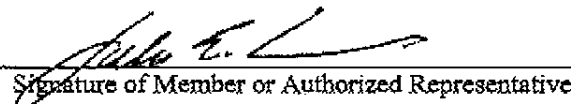
Julio E. Garcia
2001 SW 139 Ave
Miami, FL 33175

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 of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related 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

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


Signature of Member or Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)


Typed or Printed Name of Signer

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