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SECRETARY OF STATE TALLAHASSEE, FLORIDA

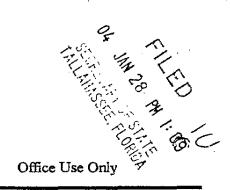
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LICED

EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE: 101
Address

CORAL GABLES, FL 33134 305-444-4994 City/State/Zip Phone #



CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. RO	gos Ren (Porporation Name)	+ , LL C (Document #)	SECOND TO
2.	(Corporation Name)	(Document #)	LED 28 P
3	(Corporation Name)	(Document #)	STELE STELE STELE
4	(Corporation Name)	(Document #)	
Walk in Mail out	Pick up time Will wait		ified Copy ificate of Status

	NEW FILINGS		A
	Profit		Aı
	NonProfit		R
X	Limited Liability		C
	Domestication		D
	Other		М

AMENDMENTS 2
Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
 Annual Report
Fictitious Name
 Name Reservation

	REGISTRATION/# QUALIFICATION #
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
<u></u>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is: RAGOS RENT, LLC.

ARTICLE II - Address:

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

15572 SW 112 TERRACE MIAMI, FL 33196

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

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

HEMEL RAMIREZ		
Name		
15572 SW 112 TERRACE		
Florida street address (P.O. Box NOT acceptable)		
MIAMI, FL 33196		
City, State, and Zip		

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

HEMEL RAMIREZ

Typed or printed name of signee

Title:	Name and Address:
PRESIDENTE	HEMEL RAMIREZ (50%)
	15572 SW 112 TERRACE MIAMI, FL 33196
VICEPRESIDENT	FABIO GOMEZ (50%)
	384 COCONUT CIRCLE WESTON, FL 33326
(Use attachment if necessary)	
Note: An additional article must be added if	an effective date is requested.
REQUIRED SIGNATURE:	

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing or Member is as follows:

HEMEL RAMIREZ

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.)

Typed or printed name of signee