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LIMITED LIABILITY COMPANY

Integrated Concepts LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Integrated Concepts LLC

ARTICLE II - Address

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

Principal Office Address:	incipal Office Address: Mailing Address:				
844 Jefferson Ave Suite #1	844 Jefferson Ave Suite #1	844 Jefferson Ave Suite #1			
Miami Beach, FL 33139	Miami Beach, FL 33139				
ARTICLE III - Registered A The name and Florida street address		SECRETARY FALL AHASS S	04 FEB 11	= A	
	Michelle A. Feliciano	다른 다른	- 0		
	Name	~ <u>~</u> *c~	<i>Ŀ</i> >	·	
	844 Jefferson Ave Suite #1	9. 38	1.3	, =	
	(P.O. Box or Mail Drop Box NOT Acceptable)	S.	\sim		
	Miami Beach, FL 33139				
	(City / State / 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 - Michelle A. Feliciano

X

	Manager(s) or Managing Member is as follows: H04000030739 ress of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR"=Manage "MGRM"=Manag	
MGRM	Cesar E. Feliciano - 1786 NW 19th St, Homestead, FL 33030
MGRM	Cesar N. Feliciano - 1786 NW 19th St, Homestead, FL 33030
(Use attachment if	necessary)
REQUIRED SIG	
	Signature of a member or 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.) Cesar E. Feliciano
	Typed or printed name of signee
	AND FILE). SECRETARY U. A. A. A. A. A. A. A. S. S. C. B. A. A. A. S. S. C. B. A. A. A. A. S. S. C. B. A. A. A. A. S. S. C. B. A.