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OF A POST OF STATE OF

Signature

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RAFAEL NAVARRO, LC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following: RAFAEL NAVARRO (Name of Person)	
RAFAREL NAVARRO, LC. (Firm/Company)	
III PLACIDO PLACE (Address)	g
FANAMA (TY BEACH FLA 32413) (City/State and Zip Code)	SECRETAR SICHAR CF (DJ MAR 17
For further information concerning this matter, please call:	Y OF STU
(Name of Person) at (850) 258 · 6309 (Area Code & Daytime Telephone Number)	TATE CATIONS 1: 33

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 17, 2004

RAFAEL NAVARRO RAFAEL NAVARRO, LC 111 PLACIDO PLACE PANAMA CITY BEACH, FL 32413

SUBJECT: RAFAEL NAVARRO, LC Ref. Number: W0400006685

We have received your document for RAFAEL NAVARRO, LC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 204A00010705

Diane Cushing Document Specialist

Division of Corporations - P.O. ROX 6327 - Tallahassoo, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RAFAEL NAVARED, LC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
III PLACIDO PLACE	<5AME>
PANAMA City BEALL, FL 32413	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere AVAILD Name Florida street address (P.O. Box No. 1974) City, State, and Zing City, State, and Zing	FILED STATE STATE OT acceptable)

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR-	RAFAEL MAUARLO 111 PIACIDO PL. P.C.B. FL. 32413
(Use attachment if necessary)	
0.	be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a president or an	authorized representative of a member.
(In accordance with section 6 of this document constitutes a that the facts stated herein are	08.408(3), Florida Statutes, the execution a affirmation under the penalties of perjury true.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)