

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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RECEIVED

04 JUN 16 AM 8:05

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ESTRUCH & MIKELA, LLC.

04 JUN 16 PM 12:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	1
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LC 06/17/04

JUN-16-2004 16:36

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

ARTICLE I: Name

The name of the Limited Liability Company is:
ESTRUCH & MIKELA, LLC.

ARTICLE II Address

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

Principal Office Address:
4345 NW 97 AV
Miami, FL 33178

Mailing Address:
4345 NW 97 Ave
Miami, FL 33178

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

Raquel Caride

4345 NW 97 Ave

Miami, FL 33178

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.


Raquel Caride

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

TITLE :

NAME & ADDRESS:

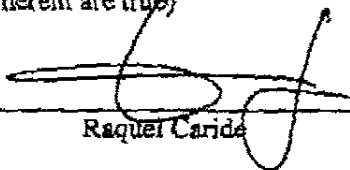
MGRM

Raquel Caride
4345 NW 97Ave
Miami FL 33178

MGRM

Maria Luisa Rojas
4345 NW 97Ave
Miami Fl 33178**REQUIRED SIGNATUR:**_____
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)

_____
Raquel CarideFILED
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DIVISION OF CORPORATIONS
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