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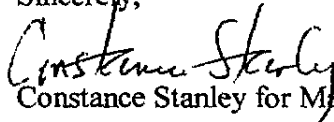
Division of Corporations  
Registration Section  
409 E. Gaines Street  
Tallahassee, Florida 32399

To Whom It May Concern:

Please find attached, the Articles of Organization for Florida Limited Liability Company for TOCOMADA, L.L.C., 8004 N.W. 154<sup>th</sup>, Suite #266, Miami Lakes, Fla. 33016. The cost for filing (\$125.00) is enclosed.

I may be reached at (786) 586 – 3259 if you have questions.

Sincerely,

  
Constance Stanley for Martin Tope, President

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOCOMADA, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin Tope  
(Name of Person)

TOCOMADA, L.L.C.  
(Firm/Company)

8004 N.W. 154<sup>th</sup> street, # 266  
(Address)

Miami Lakes, Florida 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darryl King at 954,658-8034  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TOCOMADA, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

8004 N.W. 154th street  
Suite # 266  
Miami Lakes, Fla. 33016

**Mailing Address:**

8004 N.W. 154th street  
Suite # 266  
Miami Lakes, Fla. 33016

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

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

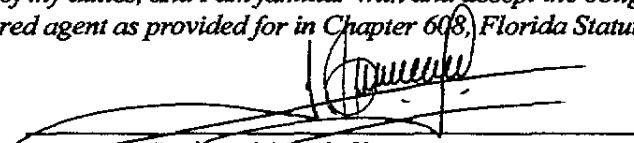
Martin Tope  
Name

8004 N.W. 154th street, suite #266  
Florida street address (P.O. Box NOT acceptable)

Miami Lakes, FLORIDA 33016  
City, State, and Zip

04 JUN 20 09:00

*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

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manager

Martin Tope  
8004 N.W. 154th, #266  
Miami Lakes, Fla. 33016

Managing Member

Mariapaz Boddien Tope  
8004 N.W. 154th street, #266  
Miami, Lakes, Fl. 33016

Managing Member

Darryl King  
8004 N.W. 154th street, #266  
Miami Lakes, Fla. 33016

Managing Member

Constance Stanley  
8004 N.W. 154th street #266  
Miami Lakes, Fla. 33016

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Martin Tope  
\_\_\_\_\_  
Typed or printed name of signee

**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)