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TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations
SUBJECT: AISBY	(Name of Limited Liability Company)
The enclosed Article	es of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Miguel Grande
	(Name of Person)
	Grande Accounting Services
	(Firm/Company)
	876 NW 106 ave
	(Address)
	Miami Fl 33172
ware	(City/State and Zip Code)
For further informat	ion concerning this matter, please call:
Miguel Grande	at (786) 218-2613
(N	ame 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

10935 SW 174 TERR			
		10935 SE 174 TERR	
MIAMI FL 33157		MIAMI FL 33157	
			
	Name 10935 SW 17 4	TERR	
_	Florida street address (P.O.		- · · · ·
<u>M</u>	IAMI City, State, an	FLORIDA 33157 d Zip	
heen named as register	red agent and to accept servi	ice of process for the above state	ed limited lia

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM ARBILIO YANES 10935 SW 174 TERR MIAMI FL 33157 (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 608.498(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- √S 25.00 Designation of Registered Agent
- √S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARBILIO YANES

Typed or printed name of signee