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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

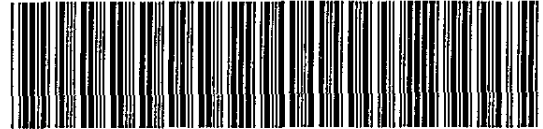
(Document Number)

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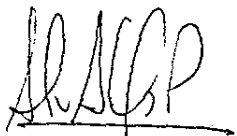
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04 SEP -9 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

FROM: ALVARO GALVIS
1000 ISLAND BLVD / # 306
Aventura, Florida 33160
(305)- 299- 7355

ATTACHED TO THIS LETTER "THE ARTICLES OF ORGANIZATION"
FOR "SOUTH WEST Inventory Services, LLC" AND A
CHECK FOR \$ 160 TO THE FLORIDA DEPARTMENT OF STATE.

Sincerely;


ALVARO GALVIS

ENCLOSURE: - ARTICLES OF ORGANIZATION
- CHECK

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH WEST Inventory Services, LLC
(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:

ALVARO GALVIS
(Name of Person)

SOUTH WEST Inventory Services LLC
(Firm/Company)

1000 ISLAND BLVD / # 306
(Address)

AVERTURA, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO GALVIS at (305) 299 7355
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

SOUTH WEST INVENTORY SERVICES, LLC

ARTICLE II - Address:

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

Principal Office Address:

2160 SW 16TH AVENUE

Unit # 212

MIAMI, FL 33145

Mailing Address:

2160 SW 16TH AVENUE

Unit # 212

MIAMI, FL 33145

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

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

ALVARO GALVIS

Name

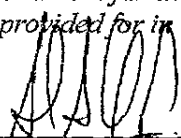
1000 ISLAND BLVD / # 306

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA, FL 33160 FLORIDA

City, State, and 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, Florida Statutes..



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MGRM

CLAUDIA PAREJA

2160 SW 16 Avenue / #212
Miami, FL 33145

MGRM

MANUEL KALENIKOFF

2160 SW 16 Avenue / #212
Miami, FL 33145

MGRM

ALVARO GALVIS

1000 ISLAND BLVD / #306
Aventura, FL 33160

(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.)

ALVARO GALVIS

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)

FILED
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TALLAHASSEE, FLORIDA