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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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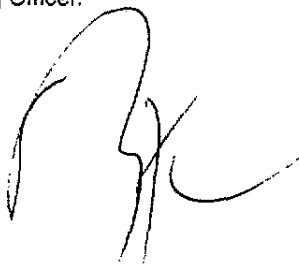
☐ MAIL

(Business Entity Name)

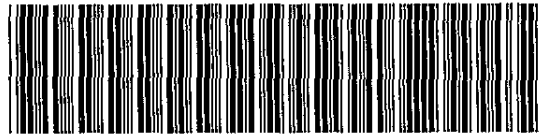
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 950279 7361995

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

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ORDER DATE : November 1, 2004

ORDER TIME : 10:27 AM

ORDER NO. : 950279-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.
Garcia-oliver & Mainieri, P.a.

Suite 447
782 N.w. Le Jeune Road
Miami, FL 33126

DOMESTIC FILING

NAME: MUEBLES BIMA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MUEBLES BIMA, LLC**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**782 N.W. Le Jeune RoadSuite 447Miami, Florida 33126**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

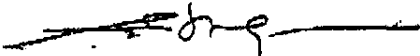
Garcia-Oliver & Mainieri, P.A.

Name

782 N.W. Le Jeune Road, Suite 447Florida street address (P.O. Box **NOT** acceptable)Miami, Florida 33126FL

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, F.S..


Garcia-Oliver & Mainieri, P.A.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

Remberto Merlano

782 N.W. Le Jeune RD., Suite 447

Miami, Florida 33126

(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.)

By: Angel M. Garcia-Oliver, Esq.

 Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)