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Florida Department of State
Division of Corporations
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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
Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

pau-raf llc

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I-NAME

The name of the Limited Liability Company is:

PAU-RAF LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability company is:

PRINCIPAL OFFICE ADDRESS:

7269 NW 113TH CT

MIAMI FLA 33178

MAILING ADDRESS:

7269 NW 113TH CT

MIAMI FLA 33178

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

PABLO ANDRADE

(NAME)

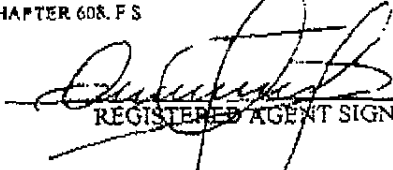
7269 N.W 113TH CT

FLORIDA STREET ADDRESS (P O BOX NOT ACCEPTABLE)

MIAMI FLA 33178

CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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.


REGISTERED AGENT SIGNATURE

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ARTICLE IV - MANAGEMENT/MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR. **PABLO ANDRADE, 7269 NW 113TH CT MIAMI FLA 33178**

MGR **MARY CARMEN SOTO, 7269 NW 113TH CT MIAMI FLA 33178**

_____	_____
_____	_____
_____	_____
_____	_____

(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.)

Pablo ANDRADE

 Typed or printed name of signer

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