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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**B. S. BUSTER, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**B. S. BUSTER, 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:

1564 S. Dixie Hwy Suite 113  
Coral Gables, Fla. 33146

1564 S. Dixie Hwy Suite 113  
Coral Gables, Fla. 33146

**Article III – Registered Agent, Registered Office, & Registered Agent's Signature:**

**WILFREDO LEON**

**1564 SOUTH DIXIE HIGHWAY SUITE 113**

**MIAMI, FLORIDA. 33146**

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

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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:**

**Name and Address:**

“MGR” = Manager

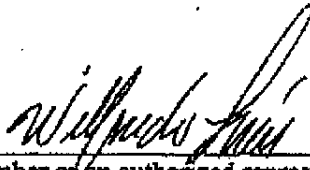
“MGRM” = Managing Member

MGR

WILFREDO LEON  
1564 S. Dixie Hwy Suite 113  
Coral Gables, Fla. 33146

MGRM

ANTONIO ESQUIVEL JR.  
1564 S. Dixie Hwy Suite 113  
Coral Gables, Fla. 33146



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

WILFREDO LEON

Name of Signee

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