Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050000039043)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To z

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: ARIAS TOVAR & ASSOCIATES, F.A.

Account Number : I20000000125 Phone

: (954)385-2284

Fax Number

: (954)385-8864

LIMITED LIABILITY COMPANY

TECHNOFUEGO FIRE & SAFETY, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Flactropic Fling Menu

Comorate Fling

Public Access Half

ARTICLE I: NAME

(((H050000039043)))

ARTICLES OF ORGANIZATION OF TECHNOFUEGO FIRE & SAFETY, LLC.

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named TECHNOFUEGO FIRE & SAFETY, LLC.

The name of the Company shall be: TECHNOFUEGO FIRE & SAFETY, LLC. ARTICLE II: PRINCIPAL OFFICE The principal place of business and mailing address of this Company shall be: 1725 Main Street, Suite 209, Weston, FL 33326 DURATION . <u>ARTIÇLE III:</u> The period of duration for the Company shall be perpetual. ARTICLE IV: PURPOSE This corporation is organized for the purpose of engaging in the commercialization, distribution, sales and marketing of fire equipment and related products, as well as for general investments purposes, international trade, import and export and for any other related purpose; such as engage in any business activity related to this or other industry, as well as to conduct all lawful husiness in the United States and abroad. 9 MANAGEMENT ARTICE V:

The company shall be managed by one or more managers and is therefore a manager - managed company. The initial manager of the Company shall be one (1) to hold office until his successor has been duly elected and qualified, or until his earlier resignation, removal from office or death, who is hereby authorized to represent this company in all lawful acts or for any business transaction in accordance to Chapter 608 of the Florida Statutes. The number of Managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company.

(((H050000039043)))

The name and address of the initial Manager is:

Salomón Gomez:

1725 Main Street, Ste. 209, Weston, FL 33326

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial Registered Agent is:

Ileana Arias Tovar c/o: Arias Tovar & Associates, P.A. 1725 Main Street, Suite 209 Weston, FL 33326

Having been named as registered agent and to accept service of process for the above stated 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.

Signature of Registered Agent

Date: January 04, 2005

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has these Articles of Organization this 4th day of January 2005

Signature of Member or Authorized Representative of a Member Salomon Gomez - Manager