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To:

Division of Corporations

Fax Number : (850)205-0383

Prom:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

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NISION OF CORPORATION

LIMITED LIABILITY COMPANY

HENGEVELD INVESTMENTS, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT COMPANY

OF

HENGEVELD INVESTMENTS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

HENGEVELD INVESTMENTS, LLC.

ARTICLE II - ADDRESS

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

330 NW 158 TH AVE PEMBROKE PINES, FL 33028

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

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

DOUGLAS MENDEZ

Name

330 NW 158 TH AVE

Florida street address (P.O.BOX NOT acceptable)

PEMBROKE PINES, FL 33028

City, State, and Zip

BERRIZ & GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

DOUGLAS MENDEZ 330 NW 158 TH AVE PEMBROKE PINES, FL 33028 MANAGER

ROBERT HENGELVED 330 NW 158 TH AVE PEMBROKE PINES, FL 33028 MANAGER

(An additional article must be added if an effective date is requested)

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.)

DOUGLAS MENDEZ

Typed or printed name of signee

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SECRETARY OF STATE

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