

Florida Department of State
Division of Corporations
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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

LIMITED LIABILITY COMPANY

expect miracles, llc

Certificate of Status	0
Certified Copy	1
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(2)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: EXPECT MIRACLES, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 8591 NW 186 ST, STE 134

City, State & Zip: MIAMI, FL 33015

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

JENNIFER BIRTHELMER VILCHEZ
Name

8371 NW 24 STREET
Address (P.O. Box NOT Acceptable)

SUNRISE, FL 33322
City, State, 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.


Registered Agent's Signature

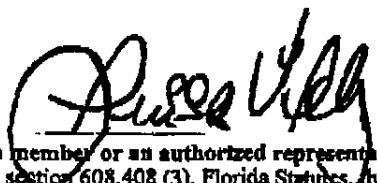
Date 03/03/2005

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. LUISA VILCHEZ, 8591 NW 186 ST, STE 134, MIAMI, FL 33015

2.



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.

LUISA VILCHEZ
Typed or printed name of signee

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05 MAR -3 AM 9:12
TALLAHASSEE, FLORIDA