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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : T19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

A & B HANDCRAFTS AND DESIGN, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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05 APR 21 AM 8:22
TALLADEMA, ALABAMA

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

A & B HANDCRAFTS AND DESIGN, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

A & B HANDCRAFTS AND DESIGN, LLC.

ARTICLE II - ADDRESS

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

**14 NE 1 AVENUE SUITE 806 A
MIAMI, FL 33132**

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

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

BEATRIZ ESCOBAR

14 NE 1 AVENUE SUITE 806 A

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

MIAMI, FL 33132

City, State, and Zip

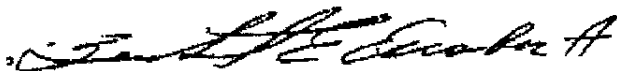
**BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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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.

BEATRIZ ESCOBAR 40% MANAGER
14 NE 1 AVENUE SUITE 806 A
MIAMI, FL 33132

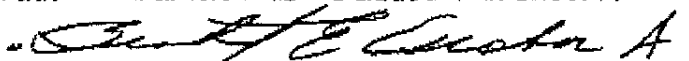
AUXILIO AMANDA ARIAS DE ESCOBAR 20% MANAGER
14 NE 1 AVENUE SUITE 806 A
MIAMI, FL 33132

MARTHA ISABEL ESCOBAR 20% MANAGER
14 NE 1 AVENUE SUITE 806 A
MIAMI, FL 33132

OLGA MARINA GOMEZ 20% MANAGER
14 NE 1 AVENUE SUITE 806 A
MIAMI, FL 33132

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TALLAHASSEE, FLORIDA

(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.)

BEATRIZ ESCOBAR

Typed or printed name of signee

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