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DIVISION OF CORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

p.c. 975, l.l.c.

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

P.C. 975, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: P.C. 975, L.L.C.

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ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41 STREET, #615, MIAMI, FLORIDA 33178

ARTICLE IV

The name of the Managing Member(s) for this company shall be:

- EMILIO TREZZA DELIA 11223 NW 75TH LANE, DORAL, FL 33178
- ANNA MASTRANGELO 11223 NW 75TH LANE, DORAL, FL 33178
- MARIA A. TREZZA 11223 NW 75TH LANE, DORAL, FL 33178
- EMILIO J. TREZZA 11223 NW 75TH LANE, DORAL, FL 33178
- FRANCA M. TREZZA 11223 NW 75TH LANE, DORAL, FL 33178

ARTICLE V

The name and the Florida street address of the registered agent are:
CABANAS & ASSOCIATES, P.A., 10520 NW 26TH STREET, SUITE C-201, MIAMI, FLORIDA 33172

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

P.C. 975, L.L.C.

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

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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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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