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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

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DIVISION OF CORPORATIONS

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**LIMITED LIABILITY COMPANY**

**big 47, l.l.c.**

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

**BIG 47, L.L.C.**

**ARTICLE I**

The name of the Limited Liability Company shall: BIG 47, L.L.C.

**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: 10556 NW 26th STREET, #D-101, DORAL, FL 33172

**ARTICLE IV**

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

MAURO SCATTOLINI

10556 NW 26<sup>th</sup> STREET, D-101  
DORAL, FL 33172

RICARDO ECHEVERRIA

7102 NW 112 COURT  
DORAL, FL 33178

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**ARTICLE V**

The name and the Florida street address of the registered agent are:  
CABANAS & ASSOCIATES, P.A., 10520 NW 26<sup>th</sup> STREET, SUITE C-  
201, DORAL, FL 33172

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

BIG 47, 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 &amp; ASSOCIATES, P.A.

Joseph F. Cabanas  
Registered Agent

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Joseph F. Cabanas  
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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