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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 : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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05 MAY 16 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
ALEX ACOSTA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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May 16, 2005 3:51PM

No. 3224 P. 1

H050001241783

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

ALEX ACOSTA LLC

**ARTICLE II ADDRESS**

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

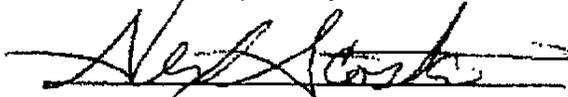
3900 SW 139th Ave  
Miramar, FL 33027-3227

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

ALEX ACOSTA  
3900 SW 139th Ave  
Miramar, FL 33027-3227

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



ALEX ACOSTA / Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

ALEX ACOSTA  
MANAGING MEMBER: 3900 SW 139th Ave  
Miramar, FL 33027-3227



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.)

ALEX ACOSTA  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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