## Department of State

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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

## leicar I.l.c.

Certificate of Status Certified Copy 1 Page Count 02 Estimated Charge \$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## LEICAR L.L.C.

ARTICLE II - Address:

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

1120 S. Powerline Road, Pompano Beach, Florida 33069

ARTICLE III - Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> Luis M Cabrera 1120 S.Powerline Road, Pompano Beach, Fl 33069

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.

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.

Luis M Cabrera, Registered Agent

(In accordance with section 608.408(1), Florida Statutes, the execution of this affidavit constitutes and affirmation under the populates of perjury that the facts stated herein are true.)

Virgilio Leidenz Typed or printed name of signee

EMP I RE

MAY-23-2005