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XIOMARA LEE P.A.

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Florida Department of State
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Division of Corporations
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Phone : (305) 262-2323
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

2C INVESTMENTS LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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N. Culligan JUN 14 2005

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

2C INVESTMENTS LLC**ARTICLE II - Address:**

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

Principal Office Address:1171 JASON WAYWEST PALM BEACH, FL 33406**Mailing Address:**1171 JASON WAYWEST PALM BEACH, FL 33406**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CARLOS M. GONZALEZ

Name

1171 JASON WAYFlorida street address (P.O. Box NOT acceptable)WEST PALM BEACH FLORIDA 33406

City, State, and Zip

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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, Florida Statutes.



Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CARLOS H. OSORIO

1171 JASON WAY

WEST PALM BEACH, FL 33406

MGRM

CARLOS M. GONZALEZ

1171 JASON WAY

WEST PALM BEACH, FL 33406

MGRM

NELSY GRAJALES

1171 JASON WAY

WEST PALM BEACH, FL 33406

MGRM

JESSIE MERCED

1171 JASON WAY

WEST PALM BEACH, FL 33406

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

CARLOS M. GONZALEZ

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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