Division of Corporations

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Florida Department of State

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

ARMAND INVESTMENTS LLC

RECEIVED JUNI3 AM 7: 46 S. UN OF CORPURATION Certificate of Status

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY TATE

ARTICLE I - Name:

SECRETARY OF SIDE OF TAIL AHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is: ARMAND INVESTMENTS LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
11934 SW 79TH TERRACE	11934 SW 79TH TERRACE
MIAMI, FL 33183	MIAMI, FL 33183

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RAUL A. ARMAND

Name

11934 SW 79TH TERRACE

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33183

City, State, and Zip

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..

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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:

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CRETARY OF STATE LAHASSEE, FLORIDA

Title:	Name and Address:	LUU.
"MGR" = Manager		SE
"MGRM" = Managing Member		TALL
MGRM	RAUL A. ARMAND	
	11934 SW 78TH TERRACE	
	MIAMI, FL 33183	
MGRM	BEATRIZ B. ARMAND	
	11934 SW 79TH TERRACE	
	MIAMI, FL 33183	
		
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(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.)

OL ARMAND
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- S 25.00 Designation of Registered Agent
- 5 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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