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DIVISION OF CORPORATION

To:

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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

DEL BIONDO INVESTMENTS, LLC

AL

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF

A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

DEL BIONDO INVESTMENTS, LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability company is:

PRINCIPAL OFFICE ADDRESS:

16346 SW 78 TERRACE MIAMI FL 33193

MAILING ADDRESS:

16346 SW 78 TERRACE MIAMI FL 33193

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

BIANCA DEL BIONDO
(NAME)

16346 SW 78 TERRACE
FLORIDA STREET ADDRESS(P.O BOX NOT ACCEPTABLE)

MIAMI FLA 33193
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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.


REGISTERED AGENT SIGNATURE

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ARTICLE IV -MANAGEMENT/MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

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Title:

Name and address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR= Manager

MGRM= Managing Member

MGR= BIANCA DEL BIONDO, 16346 SW 78 TERRACE MIAMI FL 33193

MGR= FRANCISCO J DEL BIONDO, 16346 SW 78 TERRACE MIAMI FL 33193

MGR=

(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.)

BIANCA DEL BIONDO
Typed or printed name of signee

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