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Florida 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 : (305)634-3694 Phone Fax Number : (305)633-9696

LIMITED LIABILITY COMPAN

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

LAS J.J. LLC

ARTICLE I

The name of the Limited Liability Company shall: LAS J.J. LLC ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 5132 NW 116TH COURT, MIAMI, FL 33178.

ARTICLE IV

The name and address of the Managing Member(s) of this company:

Managing Member

JULLY SORAYA RIOS DE PAREDES

5132 NW 116TH COURT

MIAMI, FL 33178

Managing Member

JUAN VICENTE PAREDES TORREALBA

5132 NW 116 COLIRT

MIAMI, FL 35128

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26 STREET, C-201, DORAL, FL 33 拉為

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

LAS J.J. L.L.C

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Revisiered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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