

Division of Corporations Public Access System

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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LIMITED LIABILITY COMPANY

BIG PAPI ENTERPRISES, LLC

Certificate of Status	. 0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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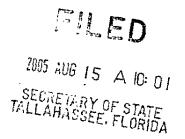
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	:		
BIG PAPI ENTERPRISES, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is			
Principal Office Address:	Malion Address:		
5791-A N.W. 151 STREET MIAMI LAKES, FL 33014	5791-A N.W. 151 STREET MIAMI LAKES, FL 33014		
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:		
The name and the Florida street address of the	registered agent are:		
EDWARD PALENZ			
5791 A N W 1 Florida street ade	5.1 STREET dess (P.O. Box NOT scorptable)		
IMAIM	PL 33014		
City, State, o	ud Zię		
Rability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	occept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
Registanted Agent's	s Signature		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title: "MGR" = Managér	Name and Address:
"MORM" = Managing Member	
	BDWARD PALENZUELA
MGR	5791-A N.W 151 STREET
	MIAMI, FL 33014
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	ust be saided if an effective date is requested.
REQUIRED SIGNATURE: Signature of a med (in accordance with of this document of	A
REQUIRED SIGNATURE: Signature of a med (In accordance with of this document or that the facts state	ober or six authorized representative of a sacrober. I section 608 A08 (3), Florida Statutes, the execution makings as affirmation under the penalties of perjury

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