

08/24/2005 14:47
Division of Corporations

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ARAZOZA&FERNANDEZ-FR

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From: DIVISION OF CORPORATIONS
Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone Number : (305) 444-6226
Fax Number : (305) 442-4829

LIMITED LIABILITY COMPANY
ADOLFO HERNANDEZ OFFICE SUPPLY LLC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION

OF

ADOLFO HERNANDEZ OFFICE SUPPLY LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: ADOLFO HERNANDEZ OFFICE SUPPLY LLC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 8280 NW 68th STREET, MIAMI, FL 33166. The Board of Managers may from time to time move the principal office to another address in Florida.

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ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That ADOLFO HERNANDEZ OFFICE SUPPLY LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The Initial Manager shall be ADOLFO HERNANDEZ, of 8280 NW 68th STREET, MIAMI, FL 33166.

WITNESS the hand and seal of the manager in Miami-Dade County, State of Florida, this 23rd day of August, 2005.

The Manager,


ADOLFO HERNANDEZ

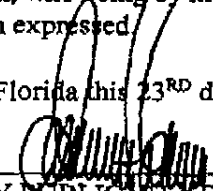
STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, ADOLFO HERNANDEZ, the Manager of ADOLFO HERNANDEZ OFFICE SUPPLY LLC., for and on behalf of the entity, who is personally known to me or who produced _____ as identification, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida, this 23RD day of August, 2005



Laura Kohn
Commission #DD319617
Expires: May 16, 2008
Bonded Thru
Atlantic Bonding Co., Inc.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

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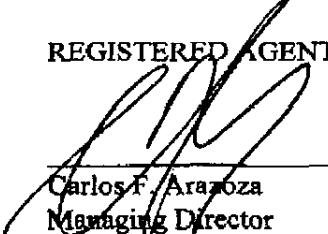
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That ADOLFO HERNANDEZ OFFICE SUPPLY LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT



Carlos F. Arazoza
Managing Director
August 23, 2005

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