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Florida Department of State
Division of Corporations
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(((H05000213372 3)))

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To:
    Division of Corporations
    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

13100 sw 92 avenue, #a-103, llc

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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

13100 SW 92 Avenue, #A-103, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7951 SW 124 Street

Miami, Florida 33156

Mailing Address:

7951 SW 124 Street

Miami, Florida 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

David Berrones
_____
Name

7951 SW 124 Street
_____
Florida street address (P.O. Box NOT acceptable)

Miami   FLORIDA 33156
_____
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, Florida Statutes..

_____
Registered Agent's Signature

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(CONTINUED)

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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:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

David Berrones

7951 SW 124 Street, Miami, FL 33156

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

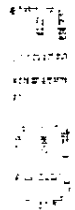Signature of a member or an authorized representative of a member.

(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.)

DAVID BERRONES

Typed or printed name of signee

05 SEP -7 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA