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To:
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From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

05 SEP -8 PM 1:10
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

berrones macon investments, llc

50/08/05

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 8, 2005

EMPIRE CORPORATE KIT COMPANY

SUBJECT: BERRONES MACON INVESTMENTS, LLC
REF: W05000041731

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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

H05000213398

③

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BERRONES MACON INVESTMENTS, 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

SEP 8 2005
TALLAHASSEE, FLORIDA

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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.

DOB

Registered Agent's Signature

Page 1 of 2
(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:

[Handwritten Signature]

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

(In accordance with section 602.402(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 signer

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