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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

INCMER INVESTMENTS, LLC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION for
A FLORIDA LIMITED LIABILITY COMPANY

IncMer Investments, LLC.

ARTICLE I - Name

The name of the Limited Liability Company is:

IncMer Investments, LLC.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

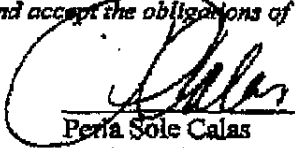
9737 NW 41st Street No. 293 Miami, FL 33178

ARTICLE III - Registered Agent:

The name and Florida street address of the registered agent are:

**Perla Sole Calas, Esq.
Perla Sole Calas, P.A.
15450 New Barn Road Suite 302
Miami Lakes, Florida 33014**

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, F.S.


Perla Sole Calas
Registered Agent

ARTICLE IV - Management

The Limited Liability Company is a member-managed company.

ARTICLE V - Indemnification

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IncMer Investments, LLC. hereby agrees to indemnify and hold harmless the members of the company for actions taken in connection with and in furtherance of the company as set forth in the Operation Agreement.

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.


Perla Sole Calas
Authorized Representative

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