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P.01

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0303

From:

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

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

cplaw, llc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/09/09

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P.02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I- Name of Limited Liability Company: CPLAW, LLC

Article II- Mailing Address & Street Address of Limited Liability Company:

Address: 13770 OLD CUTLER ROAD

City, State & Zip: MIAMI, FL 33158

Article III- Registered Agents Name, Office Address, & Registered Agent's Signature:

Name

CARLOS PASTOR

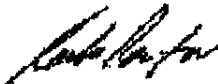
Address (P.O. box NOT Acceptable)

13770 OLD CUTLER ROAD

City, State, Zip

MIAMI, FL 33158

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.



Registered Agent's Signature

Date: 11/08/05

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager-managed company. Specify name & address(es)

1. MARIO PASTOR, 5999 BISCAYNE BLVD., MIAMI, FL 33137.



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.

CARLOS PASTOR

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TOTAL P.02