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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

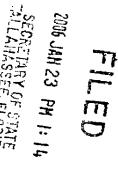




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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

COLUMN OF PLOTE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

U	CORPORATION NAME(S) & DOCUMENT NOMBER(S) (I MINIM).			
1.	203 Atla	Hic BIVD., LLC.		
	(Corporation Name) (Document #)			
2.	(Corporation Name)	(Document #)		
3.				
	(Corporation Name)	(Document #)		
4.	(Corporation Name)	(Document #)		
	□ Walk in □ Pick up	time Certified Copy		
	Mail out Will wa	it Photocopy Certificate of Status		
	• •			
	NEW FILINGS	AMENDMENTS 2		
	Profit	Amendment		
1	NanProfit :	Resignation of R.A., Officer/ Director		
}	Limited Liability	Change of Registered Agent		
	Domestication !	Dissolution/Withdrawal		
L	Other	Merger		
_	<u> </u>			
	OTHER FILNGS REGISTRATION/			
	Annual Report	QUALIFICATION		
	Fictitious Name	Foreign		
	Name Reservation	Limited Partnership		
		Reinstatement		

Trademark

Other

2025011/0/025

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

203 ATLANTIC BLVD., LLC

ARTICLE U

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

203 Atlantic Blvd. Key Largo, Florida 33037

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S
SIGNATURE.

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

J.M. Guarch, Jr., Esq.
Aran Correa Guarch & Shapiro, P.A.
255 University Drive
Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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

TO REPORT OF THE PARTY OF THE P

Manager(s) or Managing Members:

The name and address of each Manager is as follows:

Title:

Name and Address:

Manager/Member

Sarah Huertas

1831 N.W. 7th Street Miami, Florida 33125

Member

Enrique Hueries 1831 N.W. 7th Steet

Mismi, Florida 33125

Member

Enrique Neal Huertas 1831 N.W. 7th Street

Miami, Florida 13125

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facia stated herein are true.)

203 ATLANTIC BLVD., LLC