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Florida Department of State  
Division of Corporations  
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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

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**del biondo investment II llc**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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③

ARTICLES OF ORGANIZATION  
OF  
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

DEL BIONDO INVESTMENT II LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

8444 SW 40 ST  
MIAMI FL 33155

MAILING ADDRESS:

8444 SW 40 ST  
MIAMI FL 33155

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:


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

FRANCISCO DEL BIONDO  
(NAME)

8444 SW 40 ST  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI FL 33155  
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, F.S.

  
REGISTERED AGENT SIGNATURE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

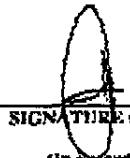
MGRM= FRANCISCO DEL BIONDO, 8444 SW 40 ST, MIAMI FL 33155

MGRM= BIANCA DEL BIONDO, 8444 SW 40 ST, MIAMI FL 33155

(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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FRANCISCO DEL BIONDO**

Typed or printed name of signed

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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