

Division of Corporations Public Access System

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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

STEMARLU, LLC

Certificate of Status

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

STEMARLU, LLC

ARTICLE I

The name of the Limited Liability Company shall be: STEMARLU, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1675 WEST 49TH STREET, SPACE # 1544, HIALEAH, FL 33012.

MAILING ADDRESS:

1825 PONCE DE LEON BLVD. #372 CORAL GABLES, FL 33134

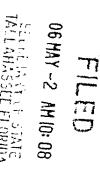
ARTICLE IV

The name and the Florida street address of the registered agent: LUIS CRISTOBOL, 1825 PONCE DE LEON BLVD. #372, CORAL GABLES, FL 33134.

ARTICLE V

The name of the Managing Member(s) and Member(s) of this company shall be:

MANAGING MEMBER/MEMBER LUIS CRISTOBOL



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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Stemarly LLC

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 articles of organization, 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.

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.)