

## Florida Department of State

**Division of Corporations** Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Fax Number : (305)633-9696

DRIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$155.00

LR4J, LLC

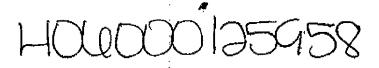
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ARTICLE I - Name:

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LRHJ, LLC
(Must end with the words"Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: MaHing Address:
9380 BALADA STREET SAME
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:  LAWRENCE CARLING  Name
9380 BALADA STREET
Florida street address (P.O. Box NOT acceptable)
CORAL GATBLES FL 33156
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR	Carrowa Parling
11191	LAWRENCE CARLINO 9380 BALADA ST GORNE BABLES FL 33156
MGRM	ROBORT CARLINO  9380 BALADA ST  CORAL BARSES, FL 331(6)
	SECT: TALLAH
	HASSE
(Use attachment if necessary)	CF STATE OF
ICLE V: Effective date, if other than th	e date of filing: MAY 1, 2006 (OPTIONAL)
n effective date is listed, the date must be 90 days after the date of filing.)	be specific and cannot be more than five business days prior
	; :

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 603,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

AWRENCE CARLING
Typed or printed name of signed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.60 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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EMBIBE