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Division of Corporations

Florida Department of State

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To:
    Division of Corporations
    Fax Number   : (850)205-0383

From:
    Account Name   : BERRIZ & GIRALDO P.A.
    Account Number : I19990000017
    Phone   : (305)485-9300
    Fax Number   : (305)485-1098

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VARMO CONSTRUCTION, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$130.00

RECEIVED 06 MAY -4 AM 11:41 DIVISION OF CORPORATION

LR 05/01/06

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H06 0001253473.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT COMPANY

OF

VARMO CONSTRUCTION, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

VARMO CONSTRUCTION, LLC.

ARTICLE II - ADDRESS

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

8420 SW 154 CIRCLE CT # 523
MIAMI, FL. 33193

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

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

WILLIAM VARGAS

8420 SW 154 CIRCLE CT # 523
Florida street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33193
City, State, and Zip

FILED
06 MAY -4 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BERRIZ & GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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H06 000125373.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
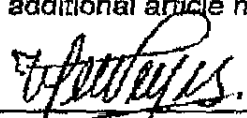
WILLIAM VARGAS   **MANAGER**
8420 SW 154 CIRCLE CT # 523
MIAMI, FL. 33193

NIDIA MORA   **MANAGER**
8420 SW 154 CIRCLE CT # 523
MIAMI, FL. 33193

(An additional article must be added if an effective date is requested)

_____
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.)

WILLIAM VARGAS
Typed or printed name of signee

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