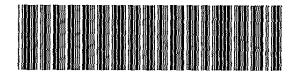
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COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	ECT:	Junior & Ass	sociates, LLC		
	 	(Name of Limite	d Liability Company)		•
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
		Dani	iel Junior		
		(Name of Person)		
		Junior &	Associates, LLC		
		·····	(Firm/Company)		4 S
		P.O. Bo	ox 540741		SECIAL PARTY
			(Address)		A STATE OF THE STA
		Miami,	Florida 33054		and a
			/State and Zip Code)		
For fur	ther information	concerning this matter, please	call:		Sm
	Daniel Ju	ınior	305 \ \ 986-01:	51	
		of Person)	at (305) 986-01: (Area Code & Daytime To	elephone Number)	-
Enclos	ed is a check fo	or the following amount:			
\$ 125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
Junior & Associates, LLC	, . , . <u></u>
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	Og .
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
P. O. Box 540741	P. O. Box 540741
Miami, Florida 33054	Miami, Florida 33054
	OF PO
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:
Danie	Junior
	Name
16020	NW 17 Court
Florida s	treet address (P.O. Box NOT acceptable)
	<u>Miami, FL 33054</u>
City	, State, and Zip
	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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

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

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

		Name and Address:	
"MGR" = Mana "MGRM" = Ma	iger maging Member		
MGR		Daniel fundam	
IVIGR		Daniel Junior	
		16020 NW 17 Court	
		Miami, Florida 33054	— <u>୍</u> ଲ
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LE V: Effective fective date is li	e date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document const	er or an authorized representative of a member.	

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)