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To:

Division of Corporations

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From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number : I2000000147 Phone : (954)764-0005

: (954)764-1478 Fax Number

ATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PAR 24, LLC

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# ARTICLES OF ORGANIZATION OF PAR 24, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company is: PAR 24, LLC a Florida Limited Liability Company

#### **ARTICLE II - ADDRESS:**

The mailing address and the street address of the principal office of the Limited Liability Company is 16600 NW 54<sup>th</sup> Ave., Suite 24, Miami Gardens, FL 33014

#### **ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

#### **ARTICLE IV- MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ere:

Name Paola Burkholder	Address 16600 NW 54 <sup>th</sup> Ave., Suite 24 Miami Gardens, FL 33014	AUG 21	FILL SION OF TO
Touchstone Shipping Logistics of Florida Inc.	1835 Garfield Street Hollywood, FL 33020	AM 9:	CO OR STAT
David Mor	16600 NW 54 <sup>th</sup> Ave., Suite 24	0,	TIONS

Miami Gardens, FL 33014

#### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

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#### ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged. Them to be my act this 19 day of August, 2006.

Paola Burkholder

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paola Burkholder

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is: PAR 24, LLC a Florida Limited Liability Company
- 2. The name and the Florida street address of the registered agent are:

Paola Burkholder 16600 NW 54<sup>th</sup> Ave., Suite 24 Miami Gardens, FL 33014 DIVISION OF CORPORATION

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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.

TO COMPANY SAME AND THE COMPANY OF A COMPANY

Paola Burkholder, Registered Agent

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