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Florida Department of State
Division of Corporations
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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

M. Thomas OCT 17 2006

FLORIDA/FOREIGN LIMITED LIABILITY CO.

cermallas invetments llc

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**ARTICLES OF ORGANIZATION
OF
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I-NAME

The name of the Limited Liability Company is:

CERMALLAS INVESTMENTS LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

14977 SW 8 TER
MIAMI, FL 33194

MAILING ADDRESS:

14977 SW 8 TER
MIAMI, FL 33194

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

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

WADIHT SEMERENE
(NAME)

14977 SW 8 TER
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI FL 33194
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 605, F.S.



REGISTERED AGENT SIGNATURE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The name(s) and address (es) of each Manager or Managing Member is as follows:

MGR= Manager
MGRM= Managing Member

MGR= WADIHT SEMERENE, 14977 SW 8 TER MIAMI FL 33194
MGR= YSBELIA SIEGLER, 14977 SW 8 TER MIAMI FL 33194

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

(In accordance with section 908.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WADIHT SEMERENE
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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