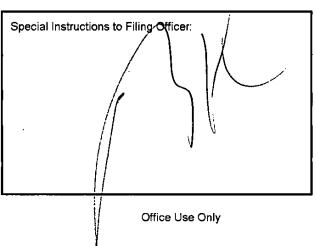
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EURETAKY OF STALLO ACKNOWLEDGE
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DEPARTMENT OF STALL O

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

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Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.05 Certified Copy ☐ Mail out ☐ Will wait ☐ Photocopy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION. Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

XKII	CLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
	ICLE I - Name: name of the Limited Liability Company is:
(Must	PESTER YEARS L.C. end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
	ICLE II - Address: mailing address and street address of the principal office of the Limited Liability Company is
<u>Prin</u>	cipal Office Address: Mailing Address:
_	74 Miracut Mile Same
	33134
(The I	ICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: imited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another ess entity with an active Florida registration.)
The	name and the Florida street address of the registered agent are: Nīlo A - Hevnandi 2
	94 MINARLE Mile
	Florida street address (P.O. Box NOT acceptable) 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MAR	Nilo A Hernander 94 MIRACLE Mile Coral Gables, RC 3313
MGR	Annette M. Hernander alf MRACE Mile Coral Gables 1 Pl 3313
·,	

ARTICLE V: Effective date, if other than the date of filing: 10-17-06. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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 before are grue.)

Typed or printed name of signee

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)