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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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06 OCT 18 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

VELLOSA LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

VELLOSA LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
13408 SW. 62 ST. K-109	692 W. 29 St. # 9
MIAMI, FLORIDA 33183	Hialeah, Florida 33012

ARTICLE III - Registered Agent, Registered office, & Registered Agent's Signature:

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

PATRICIA R. VELAZQUEZ
Name

13408 SW. 62 ST. K-109
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33183
City, State, and Zip Code

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TALLAHASSEE, FLORIDA

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.

Patricia R. Velazquez
Registered Agent's Signature

(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	PATRICIA R. VELAZQUEZ 13408 SW. 62 ST. K-109 MIAMI, FLORIDA 33183
"MGRM"	MALCA ENTERPRISES CORP. 9031 SW. 17 th. ST. MIAMI, FLORIDA 33165

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

x Patricia R. Velazquez
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.)

PATRICIA R. VELAZQUEZ
Typed or printed name of signee

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