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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

the a &amp; z group, llc

Certificate of Status	0
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November 2, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: THE A & Z GROUP LLC  
REF: W060000481022006 NOV -2 A 11:04  
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DIVISION OF CORPORATIONS

P.O. BOX 6327 - Tallahassee, Florida 32314

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# 06000265741

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

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

The A & Z Group, LLC

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

Principal Office Address:

18246 Collins Ave.  
Sunny Isles, FL  
33160

Mailing Address:

18246 Collins Ave.  
Sunny Isles, FL  
33160

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

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

Fernando Alpern  
Name

18246 Collins Ave  
Florida street address (P.O. Box NOT acceptable)

Sunny Isles, FL 33160  
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..

[Signature]  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGR

Fernando Alpern  
16500 Collins Ave #453  
Sunny Isles Bch, FL 33160

MGR

Natalia Zaglul  
19501 W. Country Club Dr. #213  
Aventura, FL 33180

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes,  
the execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

Fernando Alpern

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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