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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

XCLUSIVE LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
XCLUSIVE LLC

ARTICLE II ADDRESS

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

11334 SW 243 TERRACE
MIAMI FL 33032

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent is:
FELIX CABRERA JR.
11334 SW 243 TERRACE
MIAMI FL 33032

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FLORIDA

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Having been named as registered agent 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..


FELIX CABRERA JR. Registered Agent's Signature

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XCLUSIVE LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

JOSEPH CARTAGENA

11334 SW 243 TERRACE

MIAMI FL 33032

MANAGING MEMBER

FELIX CABRERA JR.

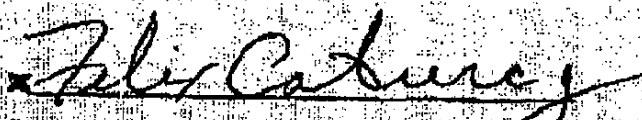
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Signature of a member or an authorized representative of a member.

(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.

NAME OF SIGNER FELIX CABRERA JR.

Typed or printed name of signee

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