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

From: Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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*organization will start operating on January 15, 2007*  
**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SCARLETH, LLC.**

Certificate of Status	1
Certified Copy	0
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*File 0002909293*

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

**SCARLETH, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**SCARLETH, LLC.**

**ARTICLE II - ADDRESS**

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

**1035 PENNSYLVANIA AVE APT # 4  
MIAMI BEACH, FL. 33139**

The mailing address shall be:

**P.O. BOX 652434  
MIAMI, FL. 33265**

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

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

**KHELY SCARLET SANCHEZ**

**1035 PENNSYLVANIA AVE APT # 4**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI BEACH, FL. 33139**  
City, State, and Zip

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**KHELY SCARLET SANCHEZ**  
1035 PENNSYLVANIA AVE APT # 4  
MIAMI BEACH, FL. 33139

**MANAGER**

**VICTOR HUGO ACOSTA**  
1035 PENNSYLVANIA AVE APT # 4  
MIAMI BEACH, FL. 33139

**MANAGER**

(An additional article must be added if an effective date is requested)

  
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.)

**KHELY SCARLET SANCHEZ**  
Typed or printed name of signee

THIS ORGANIZATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2007.

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