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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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	By, LLC		
		my, "Limited Company" or their abbreviation "LLC," or "L.	<u>c.,")</u>
ARTICLE 1		of the principal office of the Limited Liability	y Company is:
Principal Office Address:		Mailing Address:	
14333 SW 45 TERR		14333 SW 45 TERR	
MIAMI, FL 33175-8844		MIAMI, FL 33175-6844	
(The Limited Lia	II - Registered Agent, Rebilley Company cannot serve as its	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or	enother → SOO
(The Limited Lin business outlity	II - Registered Agent, Rebility Company cannot serve as its with an active Florida registration.) d the Florida street address	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or	O6 DEC 1
(The Limited Lin business outlity	II - Registered Agent, Rebility Company cannot serve as its with an active Florida registration.)	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or	O6 DEC 11 SECRETARY ALLAHASSE
(The Limited Lin business outlity	II - Registered Agent, Rebility Company cannot serve as its with an active Florida registration.) d the Florida street address Jose Carrillo, ESQ 3863 SW 8th St	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or s of the registered agent are: Name	SECRETARY OF S
(The Limited Lin business outlity	II - Registered Agent, Rebility Company cannot serve as its with an active Florida registration.) d the Florida street address Jose Carrillo, ESQ 3863 SW 8th St	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or softhe registered agent are: Name	SECRETARY OF S
(The Limited Lin business outlity	II - Registered Agent, Rebility Company cannot serve as its with an active Florida registration.) d the Florida street address Jose Carrillo, ESQ 3863 SW 8th St	egistered Office, & Registered Agent's Sign own Registered Agent. You must designate an individual or s of the registered agent are: Name	SECRETARY OF

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 put 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 negistered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mea	nber
MGR	Cetar Hoed De Beche
,	14333 SW 45 TERR
	MIAMI, FL 33175-6844
MGRM	Fileno J. Izquierdo Jr.
	14600 SW 78 CT
	Palmotto Bay, FL 33158-2022
(Use attachment if necessar	·y)
ARTICLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
(If an effective date is listed, the di	ite must be specific and cannot be more than five business days prior
to or 90 days after the date of filing	ş.)
<u>REQUIRED</u> SIGNATUR	E: Affin
	AAD /
Signature	of a member or an authorized representative of a member.
(In accorde	ance with section 608.408(3), Florida Statutes, the execution
of this doc that the	ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)

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)

Cosor Hoed De Beche

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Typed or printed name of signee

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