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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Handwritten signature*

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HENRYCON, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION for  
FLORIDA LIMITED LIABILITY COMPANY

**HENRYCON, LLC**

ARTICLE I - Name

The name of the Limited Company is:

**HENRYCON, LLC**

ARTICLE II - Address

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

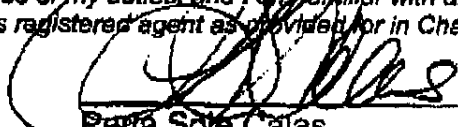
**2315 NW 107 Ave Unit 1M13  
Miami, Florida 33172**

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

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

**Perla Sole Calas Esq.  
15450 New Barn Rd Suite 302  
Miami Lakes, Florida 33014**

*Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the pace 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.*

  
\_\_\_\_\_  
Perla Sole Calas  
Registered Agent

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TALLAHASSEE, FLORIDA

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**ARTICLE IV – Management**

The Limited Liability Company is manager-managed company with Henry Contreras as manager with a mailing and principal office address of:

2315 NW 107 Ave Unit 1M13  
Miami, Florida 33172

**ARTICLE V – Indemnification**

HENRYCON, LLC hereby agrees to indemnify and hold harmless the members of the company for actions taken in connection with and in furtherance of the company as set forth in the Operation Agreement

  
\_\_\_\_\_  
Perla Sole Calas  
Manager – Authorized Representative

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