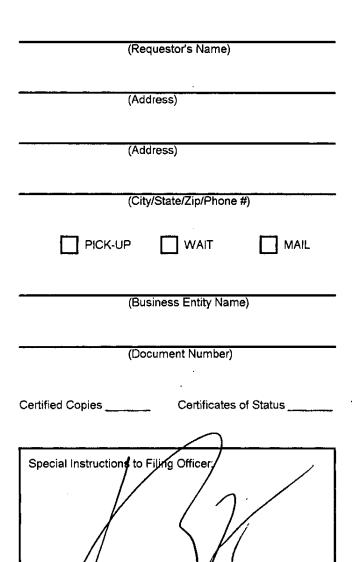
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SUFFICIENCY OF FILING

2007 APR 17 AN II: 51

I AZARUS

CORPORATE FILING SERVICE	
3320 SW 87 TH AVENUE	
MIAMI, FL 33165 (305) 552-5973	TAPR TALL
CORPORATION NAME(S) & DOCUMENT NUM	Office Use Only (BER(S), (if known):
1. TEST ENTERY (Corporation Name)	POSES / LCG &
2. (Corporation Name) (I	Document #)
(Corporation Name) (1	Document #)
(Corporation Name) Walk in Pick up time 2,00 Mail out Will wait Photo	Copy Certificate of Status
Profit Ame Not for Profit Resi Limited Liability Char	endment gnation of R.A., Officer/Director nge of Registered Agent olution/Withdrawal ger
Annual Report Fore Fictitious Name Lim	ited Partnership Istatement Iemark

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		SECONDA TO
TS T ENTERF (Must end with the words "Limited Liability Company, "Limited	PRISES LLC ed Company" or their abbreviation "LLC," or	-LC,500 2 1
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	7
11946 N.W. 77 LANE MIAMI, FLORIDA 33178	SAM5	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		

WILFRED A. GUAJARDO

V. W. 77 LANE
Florida street address (P.O. Box NOT acceptable)

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

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 (REQUIRED

(CONTINUED) Page 1 of 2

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:

Name and Address.
WILFRED A. GUAJARDO
JOHN IBARRA
e date of filing: (OPTIONAL) be specific and cannot be more than five business days pr

ARTIC (If an ef 01, to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of admember 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.)

Typed or printed name of signee

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)