# E Division of Corporatio

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To:

Division of Corporations

Fax Number : (850) 205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

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

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

genesis brothers, llc

Certificate of Status	0
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April 23, 2007

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: GENESIS BROTHERS, LLC

REF: W07000019559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt Document Specialist FAX Aud. #: H07000106098 Letter Number: 607A00027188

P.O BOX 6327 - Tallahassee, Florida 32314

### 401000106098

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

v. "Limited Company" or their abbreviation "LLC," or "L.C")
f the principal office of the Limited Liability Company is:
Mailing Address:
PO Box 343489
Florida City, FL 33034
istered Office, & Registered Agent's Signature:  on Registered Agent. You must designate an individual or another.  PR  of the registered agent are:

Wilfrid M. Whitney, Attorney at Law

Name

90 NE 3 Street

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

Florida City, FL FL 33034

City, State, and Zip

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)
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#### 8RODOICOUTOH

	V- Manager(s) or Mans I address of each Manag	aging Member(s): ger or Managing Member is as follows:			
<u>Title:</u> "MGR" = Mai "MGRM" = M	nager Ianaging Member	Name and Address:			
warm - w	rangâniê ixlertihet.	•			
MGRM		David Berrones			
	<del></del>	FO Dox 343489			
		Florida City, FL 33034			
MGRM		Jose E. Lopez			
		14021 SW 143 Court. Suite 6			
		Miami, FL 33186			
MGRM		Risardo Baler			
-4(24)	<del> </del>	14021 SW 143 Court, Suite 6			
		Miemi, FL 33186	P*************************************		
		•			
	<del></del> ·				
	`				
ARTICLE V: Effective	listed, the date must be	date of filing: April 20, 2007. (O specific and cannot be more than five busi	PTIONAL iness days	•	F
REQUIRED S	SIGNATURE:	•	Ξ		
	001	3	ALL AH	07 APR 23	
	Signature of a member	or an authorized representative of a member.	AS	2	F
	(In accordance with sect of this document constitutes that the facts stated he	tion 608.408(3), Florida Statutes, the execution sutes an affirmation under the penaltics of perjury are true.)	AHASSEE, FLORID	3 AM 8: 11	ED
	David Berrones		유	<u></u>	
	Тур	ed or printed name of signoc	DA FE	Ł	
Filing Fe	ed:				
\$125.00 Filing	g Fee for Articles of Organ	ization and Designation			

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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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