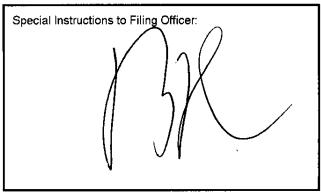
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(Requestor's Name)					
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1		MENTS, LZC.
	(Corporation Name)	(Document #)
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	(Corporation Name)	(Document #)
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	(Corporation Name)	(Document #)
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4	(Corporation Name)	(Document #)
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<u>N</u> l	EW FILINGS	AMENDMENTS
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
<u>O</u>	THER FILINGS	REGISTRATION/QUALIFICATION
	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY						
ARTICLE I - Name:	第二						
The name of the Limited Liability Company is:	· · · · · · · · · · · · · · · · · · ·						
The name of the Limited Liability Company is.	E. P. S.						
Primas Investments, LLC.	2						
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:						
2127 Brickell Ave., Suite 2105	Same						
Miami, FL 33129	Camb						
Wildrin, 1 L 00 129							
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:							
Samara Estrada							
Name							
2127 Brickell Ave., Suite 21							
Florida street address (P.O. Box NOT acceptable)							
Miami	FL 33129						
City, State, a	nd Zip						
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S						

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:			
MGRM		Samara Estrada 2127 Brickell Ave., Suite 2105 Miami, FL 33129			
MGRM		Angela Goicouria 2127 Brickell Ave., Suite 2105 Miami, FL 33129			
MGR	·····	Leon Roditi 2127 Brickell Ave., Suite 2105 Miami, FL 33129			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPT (If an effective date is listed, the date must be specific and cannot be more than five business.)					
REQUIRED S	IGNATURE:		·		
(Use attachmen RTICLE V: Effective f an effective date is li or 90 days after the c	e date, if other than the dat isted, the date must be sp date of filing.) IGNATURE:	Angela Goicouria 2127 Brickell Ave., Suite 2105 Miami, FL 33129 Leon Roditi 2127 Brickell Ave., Suite 2105 Miami, FL 33129 e of filing: pecific and cannot be more than fix	ve business days pri		

Samara Estrada

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)