Division of Corporations Public Access System

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Division of Corporations:

Fax Number : (850) 205-0383

Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.

Account Number: 120030000135 Phone : (305)448-4344

Fax Number : (305)448-7887

FLORIDA/FOREIGN LIMITED LIABILITY CO.

AJP Capital Partners II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1938 Refer to ARTICLE II - Address:

Principal Office Address:	Mailing Address:	<u>.</u>	لل معاشدة على	
323 malage Avenue. Coral Gables, FC 33136	323 malage A	venue. 33134		de la Color
2333 Ponce	s own Registered Agent. You must designate an it	IMY II A IO: OL	or T	i Degije: do Joseph do Love d do Joseph
Coral Gab	les, FL 33134			

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:
"MGR" = Manager
"MGRM" - Managing Member

MGR

Albert J. Perez

323 malaga Alegue

Coral Gables, EC 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MQU 10, 20079. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of member 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.)

Roland Sanchez-Meding Tv.
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)