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(Address)	
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SECRETARY OF STATE-

MAY 21 AM 9: 00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: paulownia the forests so			
(Name of Limite	d Liability Company)		
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Julio Alberto Moncada			
	Name of Person)		
Paulownia the forests solu	tion		
	Firm/Company)		
8528 sw 214 way		O7 M	i E
	(Address)	CRET	
Miami, FI 33189		SSE	-
(City	/State and Zip Code)	OF STA	Ī
For further information concerning this matter, please	call:	ORIDA	00 :6 HV 1 C AN A
Julio Alberto Moncada (Name of Person)	at (305) 278-90 (Area Code & Daytime To		
(Name of Person)	(Area Code & Daytine 10	erepitorie Nutroer)	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street/Courier Addres	8	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2007

JULIO ALBERTO MONCADA 8528 SW 214 WAY MIAMI, FL 33189

SUBJECT: PAULOWNIA THE FORESTS SOLUTION

Ref. Number: W07000022292

We have received your document for PAULOWNIA THE FORESTS SOLUTION and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 007A00032344

- We have corrected the name of the LLC and would like to point out that we made a correction on the registered agent's name to include "Sr."

Thank you

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Paulownia the forests solution, LLC.	
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8528 SW 214 Way	8528 SW 214 Way
Miami, Florida 33189	8528 SW 214 Way Miami, Florida 33189 red Office, & Registered Agent's Signature
	FORE
business entity with an active Florida registration.) The name and the Florida street address of the Julio Alberto Moncada	Su.
Na	me
8528 SW 214 Way	
Florida street	address (P.O. Box NOT acceptable)
Miami,	_{FL} 33189
City, Sta	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and agistered agent as provided for in Chapter 608, F.S
Registered Agent's Sig	onature (REOLURED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Julio Alberto Moncada Sr.	
	8528 SW 214 Way Miami, Florida 33189	
MGR	Gloria M. Moncada	
	8528 SW 214 Way	
	Miami, Florida 33189	
MGRM	Gloria A. Bayona	
	8528 SW 214 Way	
	Miami, Florida 33189	
MGRM	Andres F. Moncada	07 MAY 21 SECHETAL TALLAHAS
	8528 SW 214 Way	三
	Miami, Florida 33189	——————————————————————————————————————
(Use attachment if necessary)		المنت وم
•	d L. CCV	COPTION SEE S
CLE V: Effective date, if other than		(OPTIONATE
	t be specific and cannot be more than fi	ve business days prior
90 days after the date of filing.)		

REQUIRED SIGNATURE:

Signature of a 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.)

Julio Alberto Moncada Sr.

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)