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To:
      Division of Corporations
      Fax Number    : (850)205-0383

From:
      Account Name  : FASTKIT CORPORATE OUTFITS
      Account Number : 071001002335
      Phone         : (305)599-0839
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DIVISION OF CORPORATION
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ARMORCORP LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMORCORP LLC

(Must end with the words "Limited Liability Company, "Limited 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:

4150 NW 35 CT

MIAMI FL 33142

Mailing Address:

SAME

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:

MARIA FREYDELL .

Name

4150 NW 35 CT

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

MIAMI   FL   33142

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)

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

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

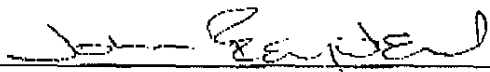| Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	MARIA FREYDELL
	4150 NW 35 CT
	MIAMI FL 33142
MGR	JOHN FREYDELL
	4150 NW 35 CT
	MIAMI FL 33142
MGR	JUAN RESTREPO
	2001 BISCAYNE BLVD # 3205
	MIAMI FL 33137
MGR	CHRISTOPHER VANDERVIER
	4150 NW 35 CT
	MIAMI FL 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (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 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.)

_____
Typed or printed name of signee

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