

Division of Corporations

LO 7000065284

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**FLORIDA/FOREIGN LIMITED LIABILITY CO.****LEIVA PROFESSIONAL SERVICES, LLC.**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

OF

LEIVA PROFESSIONAL SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

LEIVA PROFESSIONAL SERVICES, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**9124 SW 209 TERR
CUTLER BAY, FL. 33189**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

IVETTE MILAGROS LEIVA

9124 SW 209 TERR

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

CUTLER BAY, FL. 33189
City, State, and Zip

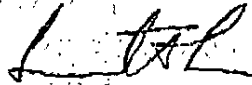
**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300**

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407 000 1631483.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

IVETTE MILAGROS LEIVA
9124 SW 209 TERR
CUTLER BAY, FL. 33189

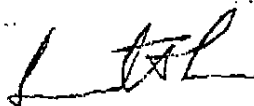
MANAGER

JOSE MANUEL LEIVA
9124 SW 209 TERR
CUTLER BAY, FL. 33189

MANAGER

(An additional article must be added if an effective date is requested)

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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.)

IVETTE MILAGROS LEIVA
Typed or printed name of signee

407 000 1631483.