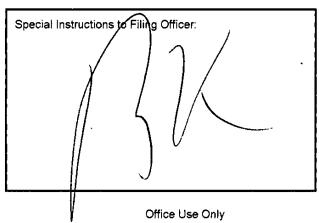
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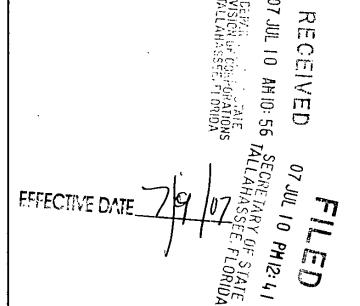




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LAZARUS CORPORATE FIL INC	SERVICE	
3320 S.W. 87 <sup>TH</sup> AVE	ENUE EFF	ECTIVE DATE //9/0/
MIAMI, FL 33165 (305 City/State/Zip Pho		IVE DATE TO THE TOTAL PROPERTY OF THE PROPERTY
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S).	Office Use Only  (if known):
DAGGROUP	220	ORDE
(Corporation Name)	(Document #)	
(Corporation Name).	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)  Walk in Pick no time  Mail out Will wait	(Document #) ne <u> </u>	Certified Copy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	Change of Re Dissolution/W Merger	f R.A., Officer/Director gistered Agent /ithdrawal
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ership
	•	Examiner's Initials

CR2E031(7/97)

## EFFECTIVE DATE 7907

	# to
RTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
	45 7
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	70, 6
	7070.
D16 (2000)	The second secon
Must and with the words "I imited I subdity Consense "I imited	Company" or their abbreviation "LLC," or "L.C.,")
	Chimpany of their abbitotians.
ARTICLE II - Address:	The second secon
The mailing address and street address of the prin	ocinal office of the Limited Liability Company
,	,
Principal Office Address:	Mailing Address:
12569 5.W 2151	SAME
MIRAMAR FI 33027	
C Salvina / C SSOS	
ARTICLE III - Registered Agent, Registered	
(The Limited Linbility Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
_ ^ _	<u>-</u>
Uberli Gulië	REZ
Name	
12569 5.W215	
	ress (P.O. Box <u>NOT</u> acceptable)
MIRAMAR City, State, as	nr 22/72 <sup>4</sup> 7
City State of	rt 3.300c/
City, State, at	ա Հւր
Having been named as registered agent and to a	accept service of process for the above stated limited
lithility company at the place designated in the	his certificate, I hereby accept the appointment as
registered agent and garee to act in this canacin	o. I further agree to comply with the provisions of all
statutes relating to the proper and complete ne	rformance of my duties, and I am familiar with and
accent the obligations of my position as region	stered agent as provided for in Chapter 608, F.S.
in confinions of my position us regis	TO UK ABOUT US PROPERCY JOE IN CHAPTER 2001 A 100
	/ ···
- Goth House	<b>\</b>
Registered Agent's Signat	ure (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>l'itle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
- Managing Member	
MANAGER	USERII CAULIERREZ
	MIRAMAR, FL 33027
MORM	Telesco Co Traces
	1256G 5.W 215T
	MIRAMAR, FL 33027
	4.
	•
	##
(Use attachment if necessary)	7- /
(Use attachment if necessary)  LEV: Effective date, if other the	an the date of filing: 7/9/07 (OPTIO
(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date me	an the date of filing: 7/9/07 (OPTIO
(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date in	an the date of filing: 7/9/07 (OPTIO
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(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)  REQUIRED SIGNATURE:	nust be specific and cannot be more than five business
(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date mays after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: 7/9/07 (OPTIO nust be specific and cannot be more than five business member of an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Cortified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)