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

From: Account Name : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305) 639-4737
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AL
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TALLAHASSEE, FLORIDA

07 AUG 16 AM 10:45

FLORIDA/FOREIGN LIMITED LIABILITY CO.

The Golden Way LLC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
The Golden Way LLC.

ARTICLE II - Address:

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

Principal Office Address:

4995 N.W 72nd Ave. Ste 205, Miami
FL 33166

Mailing Address:

4995 N.W 72nd Ave. Ste 205, Miami
FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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


Maria Gabriela Ramirez
Name

4995 N.W 72nd Ave. Ste 205

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

Miami FL 33166

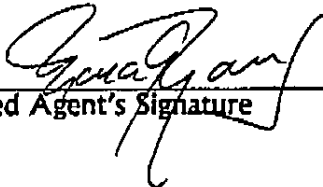
City, State, and Zip

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, Florida Statutes.

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Registered Agent's Signature

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

Jose Ramon Alfonso
4995 N.W 72nd Ave. Ste 205. Miami FL 33166

MGR

Katherine Andarcia
4995 NW 72nd Ave. Ste 205. Miami FL 33166

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURES:



Jose Ramon Alfonzo

Signature of a member or an authorized representative of a member



Katherine Andarcia

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.)

Jose Ramon Alfonzo

Typed or printed name of signer

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