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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

najjar investment llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR
NAJJAR INVESTMENT LLC

ARTICLE I

The name of the Limited Liability Company is NAJJAR INVESTMENT LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 804 Douglas Road Suite 565, Coral Gables, FL 33134.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by Managers, each acting individually from the other and the name(s) and address(es) of the Managers is:

Jean Najjar
804 Douglas Road Suite 565
Coral Gables, FL 33134

Ramza Beseremi de Najjar
804 Douglas Road Suite 565
Coral Gables, FL 33134

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The majority of the members, majority based on the financial interest of each member, shall consent in writing to the admission of additional members.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

THIS DOCUMENT PREPARED BY
CRISTINA DE OLIVEIRA, ESQ.
DE OLIVEIRA & ASSOCIATES, P.A.
804 Douglas Road Suite 565
Coral Gables, FL 33134
(305) 444-9012

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The remaining members shall have the right to continue the business of the Company by purchasing the interest of the dissociated member's distributional interest. The members with majority of financial interest shall have priority in purchasing the interest of the dissociated member.



Cristina De Oliveira
Incorporator

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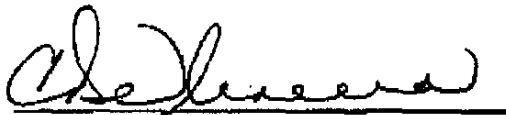
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE
AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: RAMZA BESERENI DE NAJJAR
2. The name and the Florida Street Address of the registered agent are:

Cristina De Oliveira
804 Douglas Road Suite 565
Coral Gables, Florida 33134

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.


Cristina De Oliveira

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