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SECRETARY OF STATE OF STORE OF CORPORATIONS

COVER LETTER

Division of Co				
SUBJECT: PINEI	RO AND PINEI	RO LLC		
Source:	(Name of Limit	ed Liability Company)	<u> </u>	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.		
Please return all correspondent	ondence concerning this matt	ter to the following:		
VICTOR	V. PINEIRO			
· · · · · · · · · · · · · · · · · · ·		(Name of Person)		
PINEIRO	AND PINEIRO	LLC		
* ************************************		(Firm/Company)		
1221 S.W	V. 2 AVE APT 7			
		(Address)		
MIAMI, FL 33130			אועונג	
	(Cit	y/State and Zip Code)	1	477P
For further information of	concerning this matter, please	e call:		OT OF CURPONELLE 33
VICTOR V. F	PINEIRO	at (305) 333-15 ⁴	16	-:
(Name	of Person)	(Area Code & Daytime Tele	phone Number)	ယ
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
DINEIDO AND DINEIDO I I C	
PINEIRO AND PINEIRO LLO (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1221 S.W. 2 AVE APT 7	1221 S.W. 2 AVE APT 7
	7 S
	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	PH ORDER OF STATE OF
VICTOR V. PIN	EIRO نو الله الله الله الله الله الله الله الل
Na	me S
1221 S.W. 2 AV	E APT 7
Florida street	address (P.O. Box NOT acceptable)
MIAMI, FL 33130	0 _{FL}
City, Stat	te, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and acity egistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member VICTOR V. PINEIRO MGR 1221 S.W. 2 AVE APT 7 MIAMI, FL 33130 (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee