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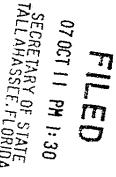
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CORPORATE FILING SERVICE

3320 SW 87 TH AVENUE	
MIAMI, FL 33165 (305) 552-5973	THE
CORPORATION NAME(S) & DOCUMENT NUM	Office Use Only (BER(S), (if known):
1. PARA SOL PRESSUR (Corporation Name)	CLEAN IN GOT S
2 <u>ZZ</u>	
(Corporation Name) ()	Document #)
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4. (Corporation Name)	Document #)
Walk in Pick up time 200 Mail out Willwait - Photo	Certified Copy
Profit Ame Not for Profit Resi Limited Liability Cha	endment gnation of R.A., Officer/Director nge of Registered Agent solution/Withdrawal ger
Annual Report	ited Partnership astatement demark
	Yan and Anna Anna Anna Anna Anna Anna Ann

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Para Sol Pressure Gear (Must end with the words "Limited Liabil	ing JIC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13901 sw 18 st.	same
Miami Fl. 33175	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration. Name	tered Agent. You must designate an individual or another registered agent are:
13901 Sw Florida street add	\\ \S \in \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Miami City, State,	
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	•
Registered Agent's Signa	ture (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger nnaging Member	Name and Address:
HGRM		Alberto J. Martin. 13901 SW 1884. Migmi, Fl. 33175.
	t if necessary)	ete of filing: (OPTIC
LEV: Effective	e date, if other than the disted, the date must be	ate of filing: (OPTIC specific and cannot be more than five business
LE V: Effective fective date is li days after the d	isted, the date must be s late of filing.)	specific and cannot be more than five business
LE V: Effective fective date is li days after the d	isted, the date must be state of filing.) IGNATURE:	specific and cannot be more than five business or an authorized representative of a member.
(Use attachment LE V: Effective fective date is li days after the d	isted, the date must be state of filing.) IGNATURE: Signature of a member of the control of th	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution at the same an affirmation under the penalties of perjury

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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