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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

m & d campa, llc

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE 44 NE 16th Street Homestead, Florida 33030 305-247-7132 Florida Bar No. 435910

ARTICLES OF ORGANIZATION

OF

M & D CAMPA, LLC

ARTICLE I:

The name of this limited liability company shall be: M & D CAMPA, LLC, a Florida limited liability company.

ARTICLE II:

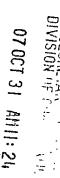
The mailing address and street address of the principal office of the limited liability company shall be as follows:

943 N.E. 2nd Avenue Homestead, FL 33030

ARTICLE III:

The name of the registered agent for M & D CAMPA, LLC, is as follows:

Manuel Campa 943 N.E. 2nd Avenue Homestead, Florida 33030



ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by one member manager(s).

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ARTICLE V:

The initial members of M & D CAMPA, LLC, shall be:

Manuel Campa 943 N.E. 2nd Avenue Homestead, Florida 33030

ARTICLE VI:

The initial managing members shall be:

Manuel Campa(MGRM) 943 N.E. 2nd Avenue Homestead, Florida 33030

DATED this 315 day of October 2007.

Manuel Campa, Managing Member

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE OF M & D CAMPA, LLC

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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 PROPERT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this 31st day of Octobe 2007.

Manuel Campa Registered Agent

943 N.E. 2nd Avenue

Homestead, Florida 33030

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