

Florida Department of State

Division of Corporations Public Access System

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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.

minegro llc

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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Corporate Filing Menu

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EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | L |
|---|--|
| MINEGRO LLC Odjust end with the words "Limited Liabi | ility Company. "L.L.C. " or "I.L.C." |
| ARTICLE II - Address: | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2431 BISCAYNE BLVD. MIAMI, FLORIDA 331\$7 | 2431 BISCAYNE BLVD. MIAMI, FLORIDA 39197 |
| 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 | registered agent are: |
| NORBERTO RODRIGUI | EZ ARE FEB |
| Namo | (C) 3-2 |
| 2431 BISCAYNE BLVD | |
| Florida street ad | dress (P.O. Bax NOT acceptable) |
| MIAMI, FLORIDA 3313 | |
| City, State, | |
| Having been named as registered agent and to | accept service of process for the above stated limited |

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| | Name and Address: |
|--|---|
| "MGR" = Manager | • |
| "MGRM" = Managing Member | |
| MGRM I | NORBERTO RODRIGUEZ |
| | 2431 BISCAYNE BLVD. |
| | MIAMI, FLORIDA 33137 |
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| r 90 days after the date of filing.) | E ATI |

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.498(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NORBERTO RODRIGUEZ

Typed or printed name of signes

filing Feet

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

5 30.00 Certified Copy (Optional)

\$ 5.00 Cartificate of Status (Optional)

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