

Florida Department of State
Division of Corporations
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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

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 DIVISION OF CORPORATION
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

dear dad, yours truly llc

Certificate of Status	0
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 TALLAHASSEE, FLORIDA

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JUN - 5 2008

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEAR DAD, YOURS TRULY LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3811 SW 130 AVE

MIAMI, FL 33178

Mailing Address:

3811 SW 130 AVE

MIAMI, FL 33175

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DANIEL LOUIS RAYON

Name

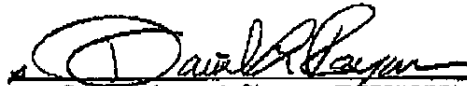
3811 SW 130 AVE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33175

City, State, and Zip

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 606, 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DANIEL LOUIS RAYON

3811 SW 130 AVE

MIAMI, FL 33175

MGR

DANIEL CHRISTOPHER CARTAGENA

13222 NW 15 STREET

PEMBROKE PINES, FL 33028

MGR

LUKE WAYNE RICE

16520 SOUTH POST RD APT. 302

WESTON, FL 33331

MGR

MIGUEL ANGEL DELGADO

18981 SW 79 AVE

CUTLER BAY, FL 33189

(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.)

Daniel L. Rayon
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 38.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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