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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

OMINOR LLC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

OMINOR LLC.

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1850 SW. 26 ST.

MIAMI, FL. 33145

Mailing Address:

1801 SW. 24 ST.

MIAMI, FL. 33145

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:

OMALDA GONZALEZ

Name

1801 SW. 24 ST.

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

MIAMI FL 33145

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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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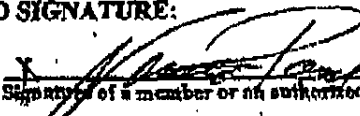
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
" MGR"	NORMA RASSE
	7262 SW 122 CT
	MIAMI, FL. 33183
"MGRM"	OMALDA GONZALEZ
	1801 SW 24 ST.
	MIAMI, FL. 33145

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)
 NORMA RASSE

 Typed or printed name of signer

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