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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date

09/04/08

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I200000C0146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SANTO SUAREZ INVESTMENTS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Effective Date 09/04/08

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANTO SUAREZ INVESTMENTS, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

6990 NW. 168th Street
Miami, FL 33015-4264

Mailing Address:

6990 NW. 168th Street
Miami, FL 33015-4264

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:

PATRICIA CRESPO

Name

6990 NW. 168th Street

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

Miami

FL 33015-4264

City, State, and Zip

Having been named as registered agent and to accept service of process for the above named 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 605, 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:

MGRM

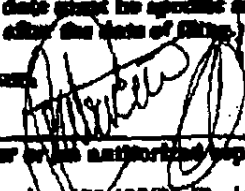
Patricia Crespo
6990 NW. 168th Street
Miami, FL 33015-4264

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/04/08
(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 SIGNATURES


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

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA CRESPO

Typed or printed name of signer

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