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

From: Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

COFFREESH LLC

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NOV 25 2008

EXAMINER

FROM : BENE

FAX NO. : 5616382277

Nov. 21 2008 04:02PM F2

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:  
**COFFREESH LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," 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:

18871 Stewart Circle Suite # 8  
Boca Raton - Florida, 33496

Mailing Address:

18871 Stewart Circle Suite # 8  
Boca Raton - Florida, 33496

**ARTICLE III- Manager(s) or Managing Member(s):**

The name and address of each Manager of Managing Member is as follows:

Title

Name and Address:

Manager / Member

Carlos Alberto Osorio  
18871 Stewart Circle Suite # 8  
Boca Raton - Florida, 33496

Manager

Pedro Gonzalez  
18871 Stewart Circle Suite # 8  
Boca Raton - Florida, 33496

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**ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:**

FROM : BENE

FAX NO. : 5616382277

Nov. 21 2008 04:02PM P1

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

Carlos Alberto Osorio

Name

18871 Stewart Circle

Florida Street Address

Boca Raton, Florida, 33496

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 certificated, 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.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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[Signature]  
Registered Agent's Signature (Required)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

SIGNATURE:

[Signature]

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

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Carlos Alberto Osorio

Type or printed name of signee.