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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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mama's on wheels, llc

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D. BRUCE
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EXAMINER

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(3)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

MAMA'S ON WHEELS, LLC

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

Principal Office Address:	Mailing Address:
999 PONCE DE LEON BLVD.	999 PONCE DE LEON BLVD.
SUITE 625	SUITE 625
CORAL GABLES, FLORIDA 33134	CORAL GABLES, FLORIDA 33134

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

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

CARLOS M. FARAH, CPA
Name

999 PONCE DE LEON BLVD., SUITE 625
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33134
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..

Carlos Farah
Registered Agent's Signature

(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	Name and Address
"MGR" = Manager "MGRM" = Managing Member	
MGR	BORJA FARREGAS [illegible] PONCE DE LEON BLVD. SUITE [illegible] CORAL GABLES, FLORIDA [illegible]

(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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

BORJA FARREGAS
Typed or printed name of signer

FILING FEE:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
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