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Florida Department of State  
Division of Corporations  
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L. SELLERS

JAN 15 2009

EXAMINER

## 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.

## enterprises alegria, llc

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

**Enterprises Alegria, LLC**

**ARTICLE I**

The name of this Limited Liability Company is: **Enterprises Alegria, LLC**

**ARTICLE II**

This Limited Liability Company shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

The mailing address and principal place of business of this Limited Liability Company is: **2985 S.W. 109th Court, Miami, FL 33162**

**ARTICLE IV**

The general nature of business of this Limited Liability Company is to transact any and all lawful business.

**ARTICLE V**

The name and street address of the initial Registered Agent of this Limited Liability Company shall be:

**Oswaldo Castellanos  
2985 S.W. 109th Court  
Miami, FL 33162**

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**ARTICLE VI**

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

1. Oswaldo Castellanos 2985 S.W. 109th Court  
Managing Member Miami, FL 33162

*(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.)*

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**Enterprises Alegria, LLC**

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..

Signature:

Oswaldo Castellanos  
Registered Agent

REGISTERED AGENT NAME:  
ADDRESS:  
CITY OF: MIAMI

OSVALDO CASTELLANOS  
2985 S.W. 109<sup>TH</sup> COURT  
COUNTY OF: MIAMI-DADE

STATE OF: FLORIDA

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