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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.

3-PA, LLC.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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M. THOMAS

MAY 13 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3-PA, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

12625 SW 91 Street, # 2-103  
Miami, FL 33186

12625 SW 91 Street, # 2-103  
Miami, FL 33186

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:

Pablo Carvajalino Suarez

Name

12625 SW 91 Street, # 2-103

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

Miami, FL 33186

FL

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 609, 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	
<u>MGR</u>	<u>Pablo Carvajalino Suarez</u> <u>12825 SW 91 Street # 2-103</u> <u>Miami FL 33188</u>
<u>MGRM</u>	<u>Gloria Patricia Suarez Lara</u> <u>12825 SW 91 Street # 2-103</u> <u>Miami FL 33188</u>
<u>MGRM</u>	<u>Paloma Carvajalino Suarez</u> <u>12825 SW 91 Street # 2-103</u> <u>Miami FL 33188</u>
<u>MGRM</u>	<u>Harlan Carvajalino Duque</u> <u>12825 SW 91 Street # 2-103</u> <u>Miami FL 33188</u>

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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 SIGNATURE:**



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

(In accordance with section 608.008(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Pablo Carvajalino Suarez  
Typed or printed name of signer

**Filing Fee:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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