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TAIL AHASSEE, FLORID

M. THOMAS

JUL 22 1 2009

EXAMINER

LABRADA INVESTMENT GROUP LLC

July 9, 2009

Department of State Division of Corporations Corporate Filings P O Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a check for \$155 to cover the formation of LABRADA INVESTIGROUP, LLC

Please send the certified copy to: GLENN LABRADA, 1410 TUNIS ST., CORGABLES, FL. 33134.
Thank you for your cooperation.

Very truly-yours,

ARTICLES OF ORGANIZATION OF LABRADA INVESTMENT GROUP, LLC

Article I Name

The name of the limited liability company is: LABRADA INVESTMENT GROUP, LLC

Article II Principal Office

The principal place of business of this Limited Liability Company shall be: 1410 TUNIS ST., CORAL GABLES, FL 33134

Article III Mailing Address

The mailing address of this business is 1410 TUNIS ST., CORAL GABLES, FL 33134

Article IV Initial Registered Agent & Street Address

The name and address of the initial registered agent is: GLENN LABRADA, 1410 TUNIS ST., CORAL GABLES, FL 33134

Article V Duration

The duration of this Limited Liability Company shall be 12/31/2044

Article VI Managers/Members

The management of this Limited Liability Company is reserved for the member name and address of the members are:

GLENN LABRADA 1410 TUNIS ST CORAL GABLES, FL 33134 SECRETARY OF STATE ALLAHASSEE. FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: LABRADA INVESTMENT GROUP LLC The name and address of the registered agent and office is GLENN LABRADA, 1410 TUNIS ST. CORAL GABLES, FL 33134

Having been named as registered agent and to accept service for the above stated 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.

Signature

GLENN LABRADA

2009 JUL 20 PH 12: 22
SECRETARY OF STATE
TALLAHASSEE. FLORID!