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

From:
Account Name : FASTKIT CORPORATE OUTFITS
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

J F SUPPORT GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. BRYAN

SEP 30 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:
J F SUPPORT GROUP, 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:
5737 NW 114 PATH - # 110
DORAL, FL 33178

Mailing Address:
SAME

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

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

<u>Title</u>	<u>Name and Address:</u>
MGR	JAIME FLORES 5737 NW 114 TH PATH # 110 DORAL, FL 33178

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

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

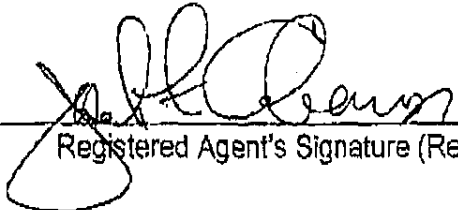
Joseph F. Cabanas - Cabanas & Associates
Name

10520 NW 26th Street- Suite C201
Florida Street Address

Doral, FL 33172
City, State, and Zip

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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..



Registered Agent's Signature (Required)

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

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)

Jaime Flores
Type or printed name of signee.