

**L09000096387**

Florida Department of State  
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To:

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

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Account Name : FASTKIT CORPORATE OUTFITS  
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Phone : (305) 599-0839  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**FALCON SUPPLIER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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**J. BRYAN**

OCT -7 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:  
**FALCON SUPPLIER, LLC**

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(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:  
2330 NW 102 AVE.-BAY # 2  
DORAL, FL 33172

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>
MGRM	JOSE G. OLIVARES 2330 NW 102 AVE.-BAY # 2 DORAL, FL 33172
MGRM	ANGELA J. DI SALVATORE 2330 NW 102 AVE.-BAY # 2 DORAL, FL 33172

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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, P.A.

Name

10520 NW 26<sup>th</sup> Street - Suite #C 201


Florida Street Address

Doral, Fl. 33172

City, State and Zip Code

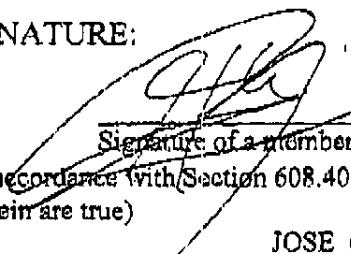
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Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. 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)

JOSE G. OLIVARES

\_\_\_\_\_  
Type or print name of signee