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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 : FASTKIT CORPORATE OUTLETS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
MONTSE MANAGEMENT/BOOKING, LLC**

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

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TALLAHASSEE, FLORIDA**C. LEWIS**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MONTSE MANAGEMENT/BOOKING, 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:

301 ALCAZAR AVENUE
CORAL GABLES, FL 33134

Mailing Address:

301 ALCAZAR AVENUE
CORAL GABLES, FL 33134

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:

JIRON & COMPANY, CPA, PA

Name

5200 SW 8TH STREET #120

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

CORAL GABLES, FL 33134

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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOSE VALVERDE
836 REGAL COVE
WESTON, FL 33327

MGRM

LUISA VALVERDE
836 REGAL COVE
WESTON, FL 33327

MGRM

JOSE REYES
2955 NW 126TH AVENUE APT#308
SUNRISE, FL 33323

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/10/2009 (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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE VALVERDE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)