

L10000007120

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

From: Account Name : RODOLFO J. SUAREZ, INC.
Account Number : I19990000270
Phone : (305) 718-4400
Fax Number : (305) 718-4408

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.
Vernazza & Wright, L. L. C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. CLINE

JAN 21 2010

EXAMINER

Jan. 20. 2010 9:25PM

Suarez & Associates
HI 00000 134763

No. 8541 P. 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vernazza & Wright, 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:

10200 NW 25th Street, Suite 207
Doral, FL 33172

Mailing Address:

10200 NW 25th Street, Suite 207
Doral, FL 33172

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TALLAHASSEE
FLORIDA

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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.)

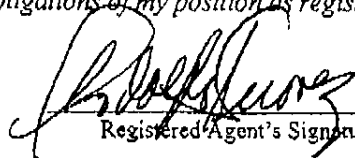
The name and the Florida street address of the registered agent are:

Rodolfo J. Suarez
Name

10200 NW 25th Street, Suite 207
Florida street address (P.O. Box NOT acceptable)

Doral, FL 33172 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

HI 00000 134763

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Vivian Wright

10200 NW 25th Street, Suite 207

Doral, FL 33172

MGR

Vivian Suarez

10200 NW 25th Street, Suite 207

Doral, FL 33172

MGR

Juan Pablo Vernazza

10545NW 29th Terrace

Miami, FL 33172

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

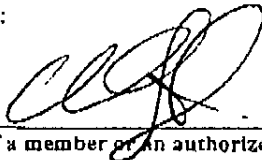
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Vivian Wright

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)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Vivian Wright
10200 NW 25th Street, Suite 207
Doral, FL 33172

MGR _____

Vivian Suarez
10200 NW 25th Street, Suite 207
Doral, FL 33172

MGR _____

Juan Pablo Vernazza
10545NW 29th Terrace
Miami, FL 33172

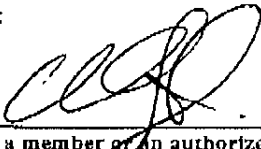
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Vivian Wright

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)

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