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Division of Corporations

P. 001

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# L10000026255

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
B - ON STYLE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. HAMPTON

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MAR 10 2010

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I -**

**Name:** *The name of the Limited Liability Company is:*

**B - ON STYLE LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their 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:**

10171 NW 58 ST SUITE 8  
DORAL, FL. 33178

**Mailing Address:**

10171 NW 58 ST SUITE 8  
DORAL, FL. 33178

**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:*

**R&P ACCOUNTING & TAXES INC**

Name

**150 S.E 2<sup>ND</sup> AVE SUITE 1110**

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

**MIAMI, FL. 33131**  
**FL 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 606, F.S.

  
Registered Agent's Signature (REQUIRED)

**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

**MGR**  
**SERGIO A RINALDI**  
10171 NW 58 ST SUITE 8  
DORAL, FL. 33178

**MGRM**  
**CARLOS SOCORRO**  
10171 NW 58 ST SUITE 8  
DORAL, FL. 33178

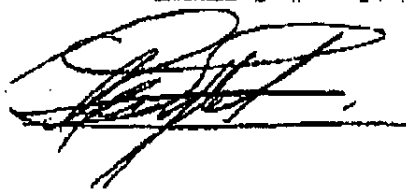
**MGRM**  
**BRIGHEL GAVIRIA**  
10171 NW 58 ST SUITE 8  
DORAL, FL. 33178

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*Use attachment if necessary)*

**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**



X

*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.)*

**SERGIO A RINALDI**

*Typed or printed name of signer*

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