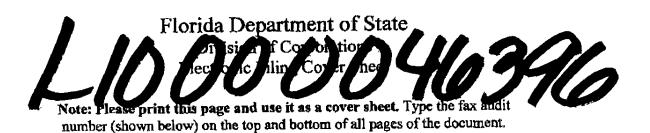
vision of Corporations



LAZARUS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE:

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

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

Email Address:

FLORIDA LIMITED LIABILITY CO. CHAMIE LLC

Certificate of Status 0 Certified Copy 1 Page Count 03

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EXAMINER

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H10000104332

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Chamie LLC (Must end with the words "Limited Liable	Him Company of T. C. " or of I C. "
ARTICLE II - Address:	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1250 s. Miami Ave #1702 Niami El 33130	same SAR 29 F
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi	d Office, & Registered Agent's Signature
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the Tran A. Name 1250 S. Miami	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are: Alonso
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the Tuan A. Name 1250 S Miami Florida street ad	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are: Alon So AVE #1402 idress (P.O. Box NOT acceptable)
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the Tran A. Name 1250 S. Miami	d Office, & Registered Agent's Signature stered Agent. You roust designate an individual or another registered agent are: ALONSO AVE #1702 Idress (P.O. Box NOT acceptable) FL 33130

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

H10000104332

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<u>Pitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ivan A. Alonso
	1250 & miaro, Aug #1702 miami, FL 33130
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	<u> </u>
(Use attachment if necessary)	<u>ئ</u> ـــٰ
LE V: Effective date, if other than t	the date of filing: (OPTIO) t be specific and cannot be more than five business of
LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.)	
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LE V: Effective date, if other than the lective date is listed, the date must days after the date of filing.) REOURED SIGNATURE: Signature of a ment of this document co	t be specific and cannot be more than five business

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