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## FLORIDA LIMITED LIABILITY CO. SOLER VELEZ LLC.

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EXAMINER

# H 1 0 0 0 0 1 5 3 3 4 0 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I NAME

The name of the Limited Liability Company is: SOLER VELEZ LLC.

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2250 NW 96 Avenue # 203 Doral, FL 33172

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

ne name and the Florida street andress of the agent are:
Efrain Soler
(NAME)
II313 NW 65th Street
FLORIDA STREET ADDRESS (P.O.BOX NOT ACCEPTABLE)
Doral, FL 33178
(CITY/STATE/ZIP)

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## H10000153340

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 THE CHAPTER 608, F.S.

Registered Agent's Signature

#### ARTICLE IY MANAGEMENT

Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

Efrain Soler 11313 NW 65th Street Doral, FI 33178 MANAGER

Monica Velez 11313 NW 65th Street Doral, Fl 33178 MANAGER

Executed by the undersigned members of the limited liability company this: 30th day of June 2010.

SECRETARY OF STATE DIVISION OF CORPORATIONS

## H10000153340

Efran Soler Authorized Representative.

Authorized Representative.