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**FLORIDA LIMITED LIABILITY CO.  
FLETSSA, LLC**

Certificate of Status	0
Certified Copy	1
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OCT - 7 2010

**EXAMINER**

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**FLETSSA, LLC**

**Article II-Address:**

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

**Principal Office Address:**

**Mailing Address:**

**9755 NW 52<sup>nd</sup> ST STE 319, MIAMI, FL 33178**

**SAME**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

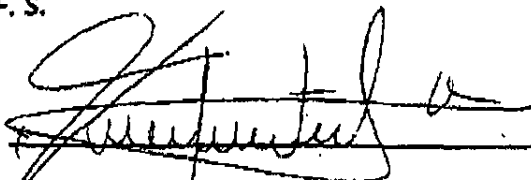
(The Limited Liability Company cannot serve as its own Registered Agent. must designate an individual or another business entity with an active Florida registration).

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

**MARCOS NEGRON, 9755 NW 52<sup>nd</sup> ST STE 319, MIAMI, FL 33178**

Having been named as registered agent and to accept services 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)**

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(continue)

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

The name and address of each Manager or managing Member is as follow:

**TITLE:** \_\_\_\_\_ **Name and Address**

**MGR= Manager**

**MARCOS NEGRON**

**9755 NW 52<sup>nd</sup> ST STE 319,  
MIAMI, FL 33178.**

**MGR**

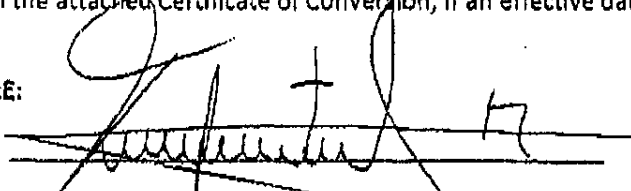
**VANESSA S TORREALBA SALCEDO  
9755 NW 52<sup>ND</sup> ST STE 319 MIAMI, FL  
33178.**

**MGR**

**JOAN FLETCHER LABASTIDAS  
9755 NW 52<sup>ND</sup> ST STE 319 MIAMI, FL  
33178.**

**ARTICLE V: Effective date, if other than the date of filing, October, 06 2010.(The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)**

**REQUIRED SIGNATURE:**

A handwritten signature in black ink, appearing to read 'Marcos Negron', is written over a horizontal line.

**SIGNATURE OF THE 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 that the facts stated herein are true.)

**Marcos Negron**\_\_\_\_ Type or printer name of signee.