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11 MAR -2 PM 3: 09 SEORLIARY OF STATE LLAHASSEE, FLORID,

B. BOSTICK

MAR - 3 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CT:			
The en	losed Articles of Organization and fee(s) are submitted for filing.			
Please	eturn all correspondence concerning this matter to the following:			
	Grizelle De Los Reyes Name of Person			
	The state of the s			
	Promobile Concepts			
	11259 NW 58th Terrace Address			
	Address			
	Doral Florida 33178 City/State and Zip Code			
City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for future annual report notification)			
For fur	ner information concerning this matter, please call:			
60	Name of Person Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Number Telephone			
Enclos	ed is a check for the following amount:			
\$125.00	Filing Fee \$\sum \$\\$130.00\$ Filing Fee & \$\sum \$\\$155.00\$ Filing Fee & \$\sum \$\\$\$\$ S160.00 Filing Fee, \(\sum \) Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
(Must end with the everys "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: Mailing Address:
Crizelle Dc Los Requisites Corizelle De Los Requisites Dorel Florida 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:
The name and the Florida street address of the registered agent are: Orizelle De Las Beyes Name
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)

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member (Srize//e Dc Las Reges	MGR			
-				
	AEC A			
	ASSET OF THE PROPERTY OF THE P			
	3: 10 FLORIDA			
(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:				
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)				
Grize	1/2 De Los Beyes d 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)