Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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. THE EMPIRE GROUPE, L.L.C.

Certificate of Status

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Page Count

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: The Empre Gro (Must end with the words "Limited Liability Company is:	Duple L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16212 SW 62Terr. Mami, FL 33193	16212 SW 62 Terr. Mam, RL 23193
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
<u>Natalie C.</u>	Villacis # Pr
Name	1 072
16212 S.W. 6	2 Terr.
Florida street ad	dress (P.O. Box NOT acceptable)
MIAMI City, St	FL 33193
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	Natalie Villacis 16212 SW 62 Terr. Miami, FL 33193
	date of filing;
REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.
(In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. Instituted in a document to the Department of State as provided for in s.817.155, F.S.) P. C. VIIIacis Deed or primed 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)

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