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To:

Division of Corporations

Effective Date 3-15-11

Fax Number : (850)617-6383

From:

Email Address:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

FLORIDA LIMITED LIABILITY CO. OZCAR G. COUTURE, L.L.C.

Certificate of Status	0
Certified Copy	1
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J. SAULSBERRY **EXAMINER**

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EMPIRE CORP KIT

100800001H ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Ozcar G. Courure, L.L.C.

ARTICLE II - Address:

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

> 305 Ponce de Leon Blvd Coral Gables, FL 33134

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

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

Ricardo Pedraza 305 Ponce de Leon Blvd Coral Gables, FL 33134

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.

Ricardo Pedraza, Registered Agent

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ARTICLE IV- Managing Member:

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The name and address of the Managing Member is as follows:

Ricardo Pedraza 305 Ponce de Leon Blvd. Coral Gables, FL 33134

ARTICLE V: The effective date of the filing is: March 15, 2011

(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.)

Ricardo Pedraza, Managing Member

SECRETARY OF STATE

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