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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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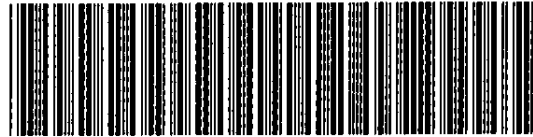
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8-9-11

Rolando E. Ieiva CPA

Requestor's Name

7400 S.W. Soterr. #302

Address

Miami, FL 33155 (305) 663-1511

City

State

Zip

Phone

1511C

VALIDATION ONLY

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CORPORATION(S) NAME

amgwprworks, LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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11 AUG 10 PM 2:01

Date: August 2, 2011

ARTICLE I – NAME:

EFFECTIVE DATE 8/15/2011

The name of the Limited Liability Company is:

amgwprworks, llc

ARTICLE II – ADDRESS:

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

amgwprworks, llc

900 SW 8th STREET, SUITE C-2
MIAMI, FL 33130

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

EDWARD DE VALLE II
Name

900 SW 8th STREET, SUITE C-2
Florida Street Address

MIAMI, FL 33130
City, State, and Zip

-continued-

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.

X

Registered Agent's Signature

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single manager LLC and is therefore a SINGLE MANAGER LLC company.
The initial SINGLE MANAGER is EDWARD DE VALLE II.

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: AUGUST 15, 2011.

X

Signature of 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

X

EDWARD DE VALLE II
Member/Manager of LLC

August 2, 2011