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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
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FLORIDA LIMITED LIABILITY CO.

Le Bone Paine LLC

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

In compliance with Chapter 608, F.S.

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ARTICLE I NAME

The name of the Limited Liability Company is:

LE BONE PAINNE LLC

ARTICLE II ADDRESS

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

13105 NE 2 AVE
MIAMI, FL 33161

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

CHARLIE FUENTES
13105 NE 2 AVE
MIAMI, FL 33161

Having been named as registered agent 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 
CHARLIE FUENTES / Registered Agent's signature

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PAGE 2 LE BONE PAINNE LLC

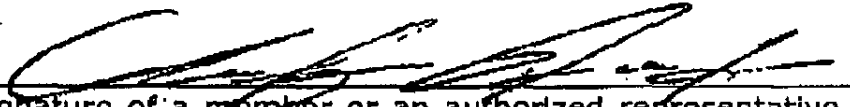
ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CHARLIE FUENTES
13105 NE 2 AVE
MIAMI, FL 33161

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.....
X 
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.

CHARLIE FUENTES