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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE 01-17-12

From: 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 future annual report mailings. Enter only one email address please.****

Email Address: _____

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FLORIDA LIMITED LIABILITY CO.
HELIDA, LLC

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JAN 19 2012

EXAMINER
1/18/2012

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

HELIDA, LLC

ARTICLE I

The me of the Limited Liability Company shall:

HELIDA, LLC

ARTICLE II

**The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.**

ARTICLE III

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

**6861 NW 111 AVENUE
DORAL, FL 33178**

ARTICLE IV

The Company shall commence business on: JANUARY 17, 2012.

ARTICLE V

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

**HELENA VETANCOURT KAAE
6861 NW 111 AVENUE
DORAL, FL 33178**

ARTICLE VI

The name of the Managing Member(s) shall be:

**MANAGING MEMBER
HELENA VETANCOURT KAAE
6861 NW 111 AVENUE
DORAL, FL 33178**

**MANAGER
LISBETH VETANCOURT
6861 NW 111 AVENUE
DORAL, FL 33178**

**MANAGER
JORGE JOSE VENTANCOURT PLAZA
6861 NW 111 AVENUE
DORAL, FL 33178**

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

HELIDA, LLC

(Name of Company)


Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

(X) 

Registered Agent

Helern Vetancourt Krae

SIGN HERE

(X) 

Signature of a member or an authorized representative of a member

SIGN HERE

(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.)

LISBETH VETANCOURT

Typed or printed name of signer

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