

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

****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.
AUW MANAGEMENT LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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D. BRUCE

MAY 07 2012

EXAMINER

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ARTICLES OF ORGANIZATION

OF

AUW MANAGEMENT LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: AUW MANAGEMENT LLC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office of this Limited Liability Company in the State of Florida is 2605 W 8th AVENUE, HIALEAH, FL 33010. The mailing address of this Company in the State of Florida is 1203 NW 93 Ct., Doral, FL 33172. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That AUW MANAGEMENT LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Managers shall be:

EDLEEN MORERA of
8400 SW 70 Street, Miami, FL 33143

ELIZABETH BALODANO of
8770 SW 52 Street, Miami, FL 33165

EVELYN DE PAZ of
2540 SW 156 Ct Miami, FL 33185

MOISES DE PAZ of
10955 SW 36 Street, Miami, FL 33165

NELLY DE PAZ of
10955 SW 36 Street, Miami, FL 33165

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WITNESS the hand and seal of the Manager in Hialeah, Florida, the 3rd day of May, 2012.

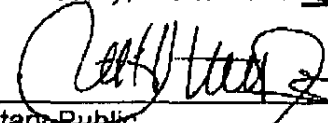

Edleen Morera

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Edleen Morera, as Manager of AUW MANAGEMENT LLC., for and on behalf of the entity, who produced her FL Driver's License as identification or is personally known to me, who being by me first duly sworn, acknowledges that she signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 3rd day of May, 2012.




Notary Public
State of Florida at Large

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That AUW MANAGEMENT LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A.

By: 

Carlos F. Arazoza

Director

Date: ~~April~~ 3rd, 2012

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