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

From: Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

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**FLORIDA LIMITED LIABILITY CO.
WMLJ, LLC.**

Certificate of Status	1
Certified Copy	0
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MAY 31 2012
EXAMINER

H12 000 1416582

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

WMLJ, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

WMLJ, LLC.

ARTICLE II - ADDRESS

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

1007 NE 8 ST
HALLANDALE, FL. 33009

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

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

WILSON A. LOPEZ

1007 NE 8 ST

Florida street address (P.O.BOX NOT acceptable)

HALLANDALE, FL. 33009

City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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BERRIZ & GIRALDO
P.A.

H12 0001416583

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..

Wilson A. Lopez
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

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

WILSON A. LOPEZ
1007 NE 8 ST
HALLANDALE, FL. 33009

MANAGER

MARIA SOSA
1007 NE 8 ST
HALLANDALE, FL. 33009

MANAGER

(An additional article must be added if an effective date is requested)

Wilson A. Lopez

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.)

WILSON A. LOPEZ

Typed or printed name of signee