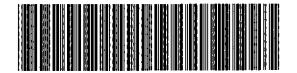
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · ·
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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DIVISION OF CORPORATIONS

MAY 31 2012 T. HAMPTON

COVER LETTER

TO:	Registration of	p Section Corporations	,	
SUBJE	CT. REC	S International, LL	_C	
SCEO		Name of Limit	ed Liability Company	
The en	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corre	espondence concerning this mat	ter to the following:	
	JULIO (C. CABRERA	Name of Person	
	RECS I	nternational, LLC		
			Firm/Company	
	5321 N	W 24th CT		
	•		Address	
ļ	MIAMI, F	LORIDA 33142		
		Ciı	y/State and Zip Code	
	recs@rec		for future annual report notification)	
For fur	ther information	on concerning this matter, please		
JULI	O C. CAB	RERA	at (786) 564-6487	
	Nar	ne of Person	Area Code & Daytime Tele	phone Number
Enclos	sed is a check	for the following amount:		
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
,,		
RECS International, LLC		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5321 NW 24th CT	5321 NW 24th CT	
MIAMI, FLORIDA 33142	MIAMI, FLORIDA 33142	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JULIO (C. CABRERA
-	Name
5321 [NW 24th CT
	Florida street address (P.O. Box NOT acceptable)
MIAMI,	_{FL} 33142
	City, State, and Zip

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..

nature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECUL TARY OF STATE STATIONS OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	JULIO C. CABRERA	
	5321 NW 24th CT	
	MIAMI, FLORIDA 33142	
(Use attachment if necessary)		
LE V: Effective date, if other than the	ne date of filing:	. (OPTIONA

REQUIRED SIGNATURE:

rized representative of a member. Signature of a member or an ap

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JULIO C. CABRERA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)