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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 : 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.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
AVTECH- AUDIO VISUAL TECHNOLOGY, LLC**

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

12 OCT 26 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The Name of the Limited Liability Company shall be:

**AVTECH- AUDIO & VISUAL TECHNOLOGY, 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 at.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is:

2315 NW 107 AVENUE, SUITE #IM22-BOX 117  
DORAL, FL 33172

**ARTICLE IV**

The name of the Manager And Managing Member (S) shall be:

**MGR**

CARLOS R. CUEVA  
2315 NW 107 AVENUE, SUITE #IM22-BOX 117  
DORAL, FL 33172

**MGRM**

JULIO C. GONZALEZ  
2315 NW 107 AVENUE, SUITE #IM22-BOX 117  
DORAL, FL 33172

**ARTICLE V**

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

CARLOS VICTORIA  
175 FONTAINEBLEAU BLVD, #1-R13  
MIAMI, FL 33172

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

**AVTECH- AUDIO & VISUAL TECHNOLOGY, LLC**

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

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TALLAHASSEE, FLORIDA

(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)

CARLOS R. CUEVA

Typed or printed name signee