

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
VETEMENT INVESTMENT LLC**

Certificate of Status	1
Certified Copy	0
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J. SAULSBERRY
EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VETEMENT INVESTMENT LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:3901 SOUTH OCEAN DR. SAME#12PHOLLYWOOD FL 33019

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:

CLAUDIA BENJUA

Name

3901 SOUTH OCEAN DR. #12PFlorida street address (P.O. Box NOT acceptable)HOLLYWOOD FL 33019

City, State, and Zip

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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.

Claudia Benjua
Registered Agent's Signature (PRINTED)(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRMMGRM**Name and Address:**


CARLOS J. ELIZALDE #
3901 SOUTH OCEAN DR 12P
HOLLYWOOD FL 33019

WALTER E SAEZ #12P
3901 SOUTH OCEAN DR
HOLLYWOOD FL 33019

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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

(In accordance with section 608, 608(3), Florida Statutes, the execution of this document constitutes an attestation under the penalties of perjury that the facts stated herein are true.)

CARLOS JOSE ELIZALDE

Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA