10/02/200	20 02:22 TOTUA Department Of State Division of formations Division of formations Note: rease print this page and use it as a cover sneet. Type sic fax audit number (shown below) on the top and bottom of all pages of the document.		
	(((H12000275045 3)))		
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.			
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 **Enter the email address for this business entity to be used for future O annual report mailings. Enter only one email address please.** Email Address:		
	FURTION LIMITED LIABILITY CO. H& MSUPPLIERS LLC Certificate of Status Image: Control Copy 0 Image:		

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10/02/2030 02:22 #0554 P.002/003 FILED SECRETARY OF STATE 2012 NOV 20 AM 81 00 . 🛃 H12000275045 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Must and with the words "Limited Limited Limit **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 14335 SW 120 ST # 211 14335 5 6 120 5 MIZULII FL 33180 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: General Consulting Scruces. Group. Corp. 14385 Sw 120 St + 211 Florida street address (F.O. Box NOT acceptable) Lizeui 17. 33 186. 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. Registered Agent's Signature (REQUIRED) (CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager The name and address of e	(s) or Managing Member(s): each Manager or Managing Member is as fo	ollows:
<u>Tide:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:	,
NGE	Ailez Hanrique	r # 2//
MGEN.	<u>MIAMI FL 33</u> Annel Hoduno 14335 SW 120 MIAMI FL 33	
(Use attachment if necessa	ary)	
ARTICLE V: Effective date, if oil (If an effective date is listed, the d to or 50 days after the date of film <u>REOURED</u> SIGNATUR	ate must be specific and cannot be more t ig.)	(OPTIONAL) han five business days prior
	of a member or an antibrized representative of	fa member:
(In accordance with constitutes an affi- l an awaye that an	th sestion 608.408(3). Florida Stances, the execution imation under the penalties of perjury that the faces by false information submitted in a document to the degree felony as provided for in s.817.155, F.S.) AUSA HONYIQUEZ Typed or printed numb of signee	n of this document stated herein are true.
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	Page 2 of 2	

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