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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552~5973

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| Ema | il. | Address | ÷ |
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FLORIDA LIMITED LIABILITY CO. BLANCO FAMILY ENTERPRISES, LLC.

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help

J. BRYAN

FEB - 5 2013

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| * |
|--|
| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
| |
| ARTICLE I - Name: |
| The name of the Limited Liability Company is: |
| The state of the s |
| Blanco Family Enterprises, LLC. |
| (Must end with the words "Limited Liability Company, "L.I.,C.," or "LLC.") |
| ADTICLE II. Address |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| the manning aboves and succe and ess of the principal office of the Emilieu Emphy Company is, |
| Principal Office Address: Mailing Address: |
| |
| ENNIQUE BLANCO Same |
| Minus f(33155 |
| |
| 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 ontity with an active Florida registration.) |
| |
| The name and the Florida street address of the registered agent are: |
| Enrique Blanco |
| Name Dans |
| 6480 sw 2757 |
| Florida street address (P.O. Box NOT acceptable) |
| |
| Miami) FL 35155 City, State, and Zip |
| 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 Rignature (REQUIRED) |
| Registered Agent Parguantire (REQUIRED) |
| · |
| (CONTINUED) |
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| Page 1 of 2 |

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| <u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Memb | Name and Address: Entique Blanco 6480 SW 2737 |
|---|---|
| MGRM | Entique Blanco |
| | 6480 SW 2737 FG |
| | Miami_ PC 33155 70 |
| MCAM | -lose I Blava Ja |
| | Jorge 7 Blows JA. |
| | Miami . N 33175 |
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| (Use attachment if necessary) | |
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