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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 : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
DC GENERAL SERVICES, LLC.**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

DC GENERAL SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

DC GENERAL SERVICES, LLC.

ARTICLE II - ADDRESS

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

**10171 SW 154 CIRCLE CT UNIT 105
MIAMI, FL. 33196**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

RAIMUNDO DAVID CONTRERAS

10171 SW 154 CIRCLE CT UNIT # 105

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33196

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..


REGISTERED AGENT'S SIGNATURE

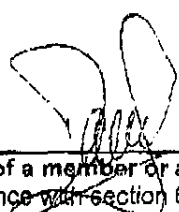
ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

RAIMUNDO DAVID CONTRERAS
10171 SW 154 CIRCLE CT UNIT 105
MIAMI, FL. 33196

MANAGER

(An additional article must be added if an effective date is requested)


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

RAIMUNDO DAVID CONTRERAS
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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