#0150 P.001/003

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

FLORIDA LIMITED LIABILITY CO. METROCUADRO GROUP, L;LC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METROCUADRO GROUP, 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:

6473 SW 8 Street Miami, FL 33144 6473 SW 8 Street Miami, FL 33144

ARTICLE III: Registered Agent, Registered Office, & Registered Agent's Signature:

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

FREDDY GERARDO ARELLANO AVENDANO 6473 SW 8 STREET MIAMI, FLORIDA 33144

Having been named as registered agent and to accept service of process for the above stated imited 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 in

Chapter 608, F.S.

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ARTICLE IV: Manager(s) or Managing Member(s)

The name and address of each manager or Managing Member is a follows:

Title:

Name and Address:

Manager

Freddy Gerardo Arellano Avendano

6473 SW 8 Street Miami, FL 33144

ARTICLE V: Effective date, if other than date of filling: September 23, 2013.

(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.)

SIGNATUTE:

Signature of a merginer 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 I am aware that my false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155 F.S)

FREDDY GERARDO ARELLANO AVENDANO

Typed or printed name of signee

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