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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 : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305) 769-4936  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA LIMITED LIABILITY CO.  
PORRUA ENTERPRISES, LLC.

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October 14, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MENDEZ ACCOUNTAX SERVICES, CORP

SUBJECT: PORRUA ENTERPRISES, LLC.  
REF: W13000056888

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H13000227257  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**PORRUA ENTERPRISES, LLC.**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **2463 PROVENCE CIRCLE, WESTON FL 33327**

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

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

**ROSA E AZZATO SORDO  
2463 PROVENCE CIRCLE  
WESTON, FL 33327**

Having been named as registered agent and to accept service of process for the above stated limited liability Company at 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.

*Rosa Elara Azzato Sordo.*  
Registered Agent's Signature

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

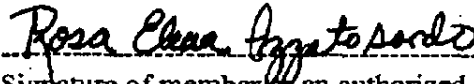
The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

**MGRM**

**ROSA E AZZATO SORDO  
2463 PROVENCE CIRCLE  
WESTON, FL 33327**



Signature of 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. I am aware that any 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.)

**ROSA E AZZATO SORDO**

Typed or printed name of signee.