Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002416683)))



man and gray have a half or hap a man			· · · · · · · · · · · · · · · · · · ·	بهریم ،۰۰۰هره۰۰۰۰ بست. ۱۲ ۲۲	<u> </u>
To:	Division of Corp	orations		į,	© >
		(850) 617-6383		FLOR	AH IO: 00 OF STATE
From:	Account Name : Account Number :	LAZARUS CORPORA'	TE FILING SERVI	ICE, INC.	00 TE
	Phone :	(305)552 - 5973 (305)220-1440			•
annua	e email address for all report mailings. Address:		email address		
annua	report mailings. Address: FLORIDA AZJ	LIMITED LIAB	email address		
annua	al report mailings. Address: FLORIDA	LIMITED LIAB	email address		
annua	report mailings. Address: FLORIDA AZJ	LIMITED LIAB	email address ILITY CO. LLC		
annua	FLORIDA AZJ Certificate of State Certified Copy Page Count	LIMITED LLAB INVERSIONES,	ILITY CO. LLC		*
annua	FLORIDA AZJ Certificate of State Certified Copy	LIMITED LLAB INVERSIONES,	ULITY CO. LLC 1 0		

H13000241668

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

AZJ Inversiones, 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:

9940 NW 88 TE Doral, FL 33178. 9940 NW 88 TE Doral, FL 33178

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

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

Jose Luis Cortesi

11251 NW 20th Street, Suite 119 Miami, FL 33172

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.

Jose Luis Cortesi

Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H13000241558

FILE D
2013 OCT 31 AM 8: 34
SECRETARY OF STATE

H1300024 18.58

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:

MGR

JOSEPH ABDON

MGR

ADEL ZEREZ

REQUIRED SIGNATURE:

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

(In accordance with section 508.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ADEL ZEREZ

Typed or printed name of signee

Page 2 of 2

H13060241868

2013 OCT 31 AM 8: 34
SECRETARY OF STATE