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Account Number: 072450003255 Phone : (305)634-3694

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Enterithe email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. CONSTRUCTION DE FLORIDA, LLC

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December 11, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: CONSTRUCTION DE FLORIDA, LLC

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Article VI did not list a day.

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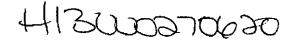
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: November 27, 2013

ARTICLE ! - NAME:

The name of the Limited Liability Company is:

2013 DEC TO AM 9: 0:
SECRETARIST OF STATE
MANAGEMENT OF STATE
MANA

CONSTRUCTION DE FLORIDA, LLC

ARTICLE II.- ADDRESS:

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

Principal Office Address: 8040 NW 64 STREET MIAMI, FLORIDA 33166

Mailing Address: 15887 NW 16th STREET PEMBROKE PINES, FL 33028

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

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

KHAALID ALI Name

15887 NW 18th STREET
Florida Street Address

PEMBROKE PINES, FL 33028 City, State, and Zip

-continued-

H3200 270620 9696669908 00:62 6102/01/21 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 considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company.

The name and address of each initial MANAGER or MANAGER MEMBER is as follows:

Title:

Name and Address: KHAALID ALI

Managing Member

15887 NW 18th STREET

PEMBROKE PINES, FLORIDA 33028

Member

NISHA RAMKISSOON-ALI

15887 NW 16M STREET

PEMBROKE PINES, FLORIDA 33028

Member

ALVARO VITTO

13701 SW 34th STREET MIAMI, FLORIDA 33175

-continued-

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ARTICLE V - BUSINESS DEDUCTIONS

Per IRS regulations the comporation may pay and deduct the health insurance and medical expenses of its manufacturing simpleyees. Additionally, business auto expenses may be reimbursed to manufacture and employees and thus deducted from current operations.

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: DECEMBER 15, 2013

Signature of member of an authorized representative of a member

in accordance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

KHAALID ALI

Member/Manager of LAC

November 27, 2013

SECRETARS OF STATE

L1300070000