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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

****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.
3 MAX, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

H/14 0000-954753

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

3 MAX, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

3 MAX, LLC.

ARTICLE II - ADDRESS

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

**6930 NW 51 ST
DORAL, FL. 33166**

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

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

LUIS HOLGUIN

6930 NW 51 ST

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

DORAL, FL. 33166

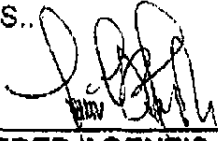
City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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TALLAHASSEE FLORIDA

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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 605, 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.

LUIS HOLGUIN
6930 NW 51 ST
DORAL, FL. 33166

MANAGER

CESAR AUGUSTO HOLGUIN
6930 NW 51 ST
DORAL, FL. 33166

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 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUIS HOLGUIN

Typed or printed name of signee

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