

L14000070067

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GODAGER GROUP L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
14 APR 30 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
14 APR 30 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000103901

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Godager Group L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12401 SW 134ct suite
#10 Miami, FL 33186

12401 SW 134ct suite
#10 Miami, FL 33186

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Natalia Andrea Ceorio-Jimenez
Name

12401 SW 134 ct suite #10 Miami, FL 33186
Florida street address (P.O. Box NOT acceptable)

Miami FL
City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Natalia Andrea Ocasio-Jimenez
12401 SW 134th suite #10
Miami, FL 33186

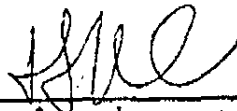
MGRM

Henry Leon Canas-Salgado
12401 SW 134th suite #10
Miami, FL 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

REQUIRED SIGNATURE:



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

(In accordance with section 605, 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.)

HENRY LEON CAÑAS - SALGADO

Typed or printed name of signee

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