4/9/2015 rment of State Division of Corporations Electronic Filing Cover Sheet

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> > . (((H15000087644 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

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FLORIDA LIMITED LIABILITY CO. UP GRADE USA II, LLC

Certificate of Status	0
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April 10, 2015

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: UP GRADE USA II, LLC

REF: W15000025048

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.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 9, 2015. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H15000087644 Letter Number: 015A00007173

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

UP GRADE USA II, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")

ARTICLE II

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

Principal Office Address: 8020 EAST DR STE # 316 NORTH BAY VILLAGE, FL 33141

Mailing Address 8020 EAST DR STE #316 NORTH BAY VILLAGE, FL 33141

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:

R&P ACCOUNTING & TAXES INC

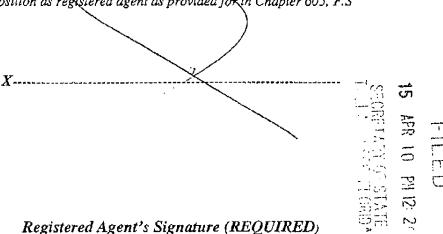
Name

200 SE IST STREET SUITE 604

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131 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



ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

UP GRADE USA II, LLC

RAFIK DE MELLO 8020 EAST DR STE # 316 NORTH BAY VILLAGE, FL 33141

MANAGER MEMBER



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

RAFIK DE MELLO

Typed or printed name of signee