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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations						
SHRII	Favela Publishing, LLC						
30 031	Name of Limited Liability Company						
The en	closed Articles of Organization and fee(s	a) are submitted t	or filing.				
Please	return all correspondence concerning thi	s matter to the fo	llowing:				
	Michael C. Hill						
		Name of l	erson				
	Favela Publishing, LLC						
		Firm/Con	pany				
	5881 SW 7th Street						
		Addre	SS				
	Plantation, Florida 33317						
	maakhuel.enterprises@gmail.com	City/State and	Zip Code				
		used for future ar	nual report notification)				
For furth	ner information concerning this matter, pl	lease call:					
	Michael C. Hill	786	468-1136				
	Name of Person	Area Code	Daytime Telephone Number				
Enclos	ed is a check for the following amount:						
	00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	\$160.00 Filing Fee, Certificate of Status & Copy is enclosed) Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Favela Publishing,	, LLC			
(Must en	nd with the words "Limited	l Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limite	d Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
5881 SW 7th Stree	et	588	31 SW 7th Street	
Plantation, Florida	33317	<u>Pla</u>	Plantation, Florida 33317	
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	ny cannot serve as its own	Registered Agent.	ent's Signature: You must designate an individual or	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. on.)	ent's Signature: You must designate an individual or	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration	Registered Agent. on.)	ent's Signature: You must designate an individual or	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered	Registered Agent. on.) d agent are:	ent's Signature: You must designate an individual or	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own in active Florida registration et address of the registered Michael C. Hill	Registered Agent. on.) d agent are: Name	You must designate an individual or	
The Limited Liability Compa	iny cannot serve as its own in active Florida registration et address of the registered Michael C. Hill 5881 SW 7th Street	Registered Agent. on.) d agent are: Name	You must designate an individual or	

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Michael C. Hill
	5881 SW 7th Street
	Plantation, Florida 33317
AMBR	Leslie Hill
TANDIN .	5881 SW 7th Street
	Plantation, Florida 33317
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing:	(OPTIONAL)
reffective date is listed, the date must be specific and rate of filing.) If the date inserted in this block does not meet the accument's effective date on the Department of State's	i cannot be more than five business days prior to or 90 days afte applicable statutory filing requirements, this date will not be listed
ICLE VI: Other provisions, if any.	

REOUIRED SIGNATURE:

ADTICLEIV

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MICHAEL HILL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

as