

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

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.
MPR COMMERCE, LLC**

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

MPR COMMERCE, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

MPR COMMERCE,LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**2315 NW 107 AV #16 SUITE 1MB18 /BOX16
MIAMI FL, 33172**

The mailing address shall be:

**2315 NW 107 AV #16 SUITE 1MB18 /BOX16
MIAMI FL, 33172**

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

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

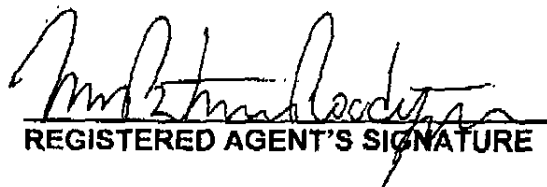
MARIA P. RODRIGUEZ

**2315 NW 107 AV #16 SUITE 1MB18 /BOX16
Florida street address (P.O.BOX NOT acceptable)
MIAMI, FL 33172
City, State, and Zip**

FILED
15 NOV -9 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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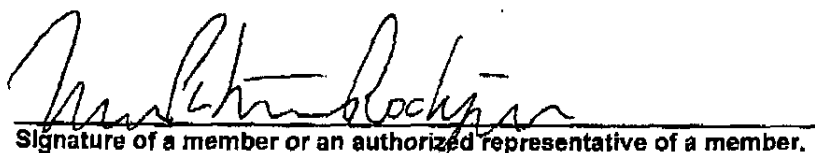
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

MARIA P. RODRIGUEZ**MANAGER****2315 NW 107 AV SUITE 1MB18 /BOX16****MIAMI, FL 33172**

(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.)

MARIA P. RODRIGUEZ

Typed or printed name of signer