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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

FLDO LLC

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

MD 11/30

10/06/2038 07:15

11/24/2010 3:48PM

FAX 3053874086++

J & O ACCOUNTING SERV

#2367 P.002/003

000010002

15 NOV 25 AM 9:54

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLO LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6320 NW 97 AVE
DORAL, FLORIDA 33178

6320 NW 97 AVE
DORAL, FLORIDA 33178

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:

PERNAO DUTRA DE OLIVEIRA

Name

6320 NW 97 AVE

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

<u>MIAMI</u>	<u>FLORIDA</u>	<u>33178</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

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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MIAMI, FLORIDA

ARTICLE IV-

The names and addresses of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FERNAO DUTRA DE OLIVEIRA

6320 NW 97 AVE

DORAL, FLORIDA 33178

(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.)

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0205 (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 § 817.155, F.S.

FERNAO LOPES DUTRA DE OLIVEIRA

Typed or printed name of signer