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FLORIDA DEPARTMENT OF STATE  
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**FLORIDA LIMITED LIABILITY CO.  
UEJVERNE LLC.**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company shall be:

UEJVERNE LLC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the Limited Liability Company shall be:

10861 NW 79 STREET

DORAL, FL 33178

ARTICLE III INITIAL REGISTERED AGENT, REGISTERED OFFICE,  
& REGISTERED AGENT'S SIGNATURE.

The name and address of the initial registered agent is:

LOURDES MUCARSEL  
10861 NW 79 STREET  
DORAL, FL 33178

Having been named as registered agent and to accept service of process for the

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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 608, F.S.

LOURDES MUCARSEL  
As a Registered Agent

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager-managed company. The initial manager of this company shall be William F. Murphy who shall serve as manager until the first annual meeting of members, or until his successor is elected and qualifies. The address of the manager will be:

10861 NW 79 STREET  
DORAL, FL 33178

ARTICLE V THE PERIOD OF DURATION

The period of Duration shall be from the effective date for a period of consecutive years thereafter

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Required Signature

LOURDES MUCARSEL  
Signature of a member or an authorized  
Representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes and affirmation under penalties of perjury that the facts stated herein are true.)

LOURDES MUCARSEL  
Typed or printed of signee.

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