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FLORIDA LIMITED LIABILITY CO. GONZALEZ VENTURES LLC

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must and with the words "Limited Liability Company," LLC." or "LLC." or "LLC.")

GONZALEZ VENTURES LLC

ARTICLE II - Address:

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

> 13045 SW 68 ST APT 103 MIAMI, FL 33183

ARTICLE III - Registered Agent, Registered Office:

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

ALBERTO GONZALEZ JR 13045 SW 68 ST APT 103 MIAMI, FL 33183

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

ALBERTO GONZALEZ JR 13045 SW 68 ST APT 103 MIAMI, FL 33183 ELIZABETH GONZALEZ 13045 SW 68 ST APT 103 MIAMI, FL 33183

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Required Signatures:

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. 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.

ALBERTO GONZALEZ JR

Typed or printed name of signee

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 Chapterees, F.S..

Resistered Agent's Stenature (REQUIRED)

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