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CRETARY OF STATELLAHASSEE, FLORIG

FEB 13 PM 2:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		Limited Liability Company
The end	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
	ERNESTO N	Name of Person
	C. R.E. MAN	AGEMENT Firm/Company
	3506 WEDG	EWOON PLAZA DR. Address
	PILIERA BEA CRE. MANA E-mail address; (to be us	CH FL / 33404 City/State and Zip Code COE MENTO MAIL. COM and for future annual report notification)
For furth	er information concerning this matter, ple	ase call:
Elen	Name of Person	S(Q1) 234-67(67 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.0	0 Filing Fee \$\frac{\$130.00}{\$Certificate of Status}	\$155.00 Filing Fee & Secretified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	Æ I -	Name:
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

ARTICLE II - Address:

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

· · · · · · · · · · · · · · · · · · ·	
3506 WENGEWOOD PLAZA DE	2506 WENDENON PLAZA DE RIVIERA BEACH, FL
RIVLERA BEACH, FL	RIVIERA BEACH, FL
33404	33404

Mailing Address:

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:

Principal Office Address:

ERNESTO	Name	SON.ADO	
3606 W	5056000 (P.O. Box NOT ac	ccptable)	De.
LIVIERA BEAC	H FL	33404	
Citv	State	Zip	

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)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE ET CALL

AMBR" = Authorized Member MGR" = Manager 23 25 25 25 25 25 25 25 25 25	
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Signature of a member or an au This document is executed in accordan	thorized representative of a member.
This document is executed in accordan	ce with section 605.0203 (1) (b), Florida Statutes.
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