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LAZARUS CORP OF

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.**PINERO INVESTMENTS, LLC**

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

2nd Request

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PINERO INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

7147 EAST BRENTWOOD ROAD
FORT MYERS, FL 33919

Mailing Address:

7147 EAST BRENTWOOD ROAD
FORT MYERS, FL 33919

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:

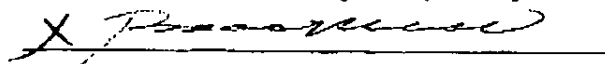
ROSALBA PINERO

Name

7147 EAST BRENTWOOD ROAD

Florida street address (P.O. Box **NOT** acceptable)FORT MYERS FL 33919
City 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 provide for in chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV –

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ROSALBA PINERO

7147 EAST BRENTWOOD ROAD

FORT MYERS, FL 33919

AMBR

HERBERT PINERO JR

7147 EAST BRENTWOOD ROAD

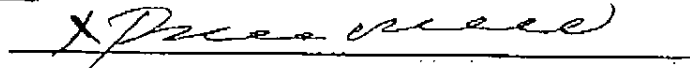
FORT MYERS, FL 33919

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

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REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (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 s.817.155, F.S.

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