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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA LIMITED LIABILITY CO. CAFETZIN IMPORTERS LLC

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

The name of the Limited Liability Company is:
LAFETZIN IMPORTERS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
13110 SW 104th Ave
Miami, FL 33176
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the registered agent are: (The Limited Liability of the Agent) of the Agent agent are: (The Limited Liability of the Agent) of the Agent agent are: (The Limited Liability of the Agent) of the Agent agent are: (The Limited Liability of the Agent) of the Agent agent are: (The Limited Liability of the Agent) of the Agent agent are: (The Limited Liability of the Agent) of the Agent agent agent are: (The Limited Liability of the Agent) of the Agent agen
13110 SW 104 QUE
MIQMI FL 33176
RTICLE IV The name and title of each person authorized to manage and control the Limited iability Company: (MGR or AMBR)
Francis X. Marquez (AMBR)
Francis X. Marquez (AMBR) Rosmeri Marquez (AMBR)

12.-

Required Signatures:

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

In accordance with section 505.0203 (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.

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 Chapter, 605, F.S..

Registered Agent's Signature (REQUIRED)