Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

: (305)552-5973

Fax Number

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| Address: | | | |
|----------|----------|----------|----------|
| J | Address: | Address: | Address: |

FLORIDA LIMITED LIABILITY CO. ECHENIQUE AND ASSOCIATES ENTERPRISE LLC.

| Certificate of Status | 1 | |
|-----------------------|----------|--|
| Certified Copy | 0 | |
| Page Count | 03 | |
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ARTICLE I - Name:

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ARTICLES OF ORGANIZATION FOR

SECRETARY OF STATE FALL AHASSEE, FLORID.

FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|---|
| ECHENIQUE AND ASSOCIATES ENTERPRISE |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 2027 SW (01 Ave |
| MIAMI FL 33155 |
| |
| 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 |
| YUNIOR ECHENIQUE |
| 2027 SW (01 AVE |
| MIAMI FL 33155 |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) |
| YUNIOF ECHENIQUE (AMBR) |
| |
| |
| |
| |

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.

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 EChapter 605, F.S..

Régistered Agent's Signature (REQUIRED)

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