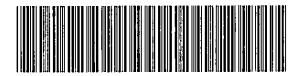
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(F	Requestor's Name)
A)	Address)
(Å	(ddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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Office Use Only

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STATE 19 JUN

COVER LETTER

TO:	New Filing Section
SUBJE	Conquistando Amazon LLC
50001	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Oscar Guitierrez
	Name of Person
	Firm/Company
	2971 Mallory Circle Apt 17101
	Address
	Kissimmee, FL, 34747
	City/State and Zip Code
	Joseph@taxemperor.com
	E-mail address: (to be used for future annual report notification)
or furth	er information concerning this matter, please call:
	Joseph 305 810-9083
	at () Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
]\$125.0i	0 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \$255.00 Filing Fee & Certificate of Status & C

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:							
Conquistando Amazon LLC							
(Must contain the words "Limited Liability	Company, "L.L.C., 'or "LEC.")						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:						
2971 Mallory Circle Apt 17101	2971 Mallory Circle Apt 17101						
Kissimmee, FL 34747	Kissimmee, FL 34747						
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a Oscar Rodolfo Monge Gutier	red Agent. You must designate an individual or						
Name							

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..

Florida street address (P.O. Box NOT acceptable)

State

2971 Mallory Circle Apt 17101

City

Kissimmee

Oscar Rodolfo Monge Gutierrez
Registered Agent's Signaturo (REQUIRED)

(CONTINUED)

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

Title:		Name and Address:	
"AMBR" = Authorize	d Member		
"MGR" = Manager			
MGR	_	Oscar Rodolfo Monge Gutierrez	
		2971 Mallory Circle Apt 17101	
		Kissimmee, FL 34747	
MGR		Juan Diego Jimenez Roman	
	-	2971 Mallory Circle Apt 17101	
		Kissimmee, FL 34747	
	_		
	_		
(1)			
(Use attachment if nec	essary)		
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