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SECOND REQUEST

From: Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : I28130000020
Phone : (954)989-4995
Fax Number : (954)989-4991

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FLORIDA LIMITED LIABILITY CO.
APS Moteks LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I. Name

The name of the Limited Liability Company is:

APS Moteks LLC

ARTICLE II. – Addresses

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

24 SW 12th Avenue
Suite 101
Dania Beach, FL 33004

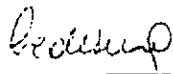
**ARTICLE III. – Registered Agent, Registered Office,
& Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Corporate Solutions of South Florida, Inc.
4651 Sheridan Street, Suite 355,
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc



Maria J. Ledesma, Asst. Secretary

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This instrument was prepared by:
Salomon B. Esquenazi, P.A.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995

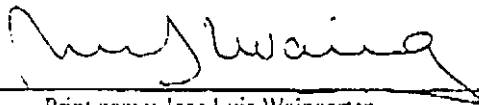
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ARTICLE IV. - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

Jose Luis Waingarten
24 SW 12th Avenue, Suite 101
Dania Beach, FL 33004



Print name: Jose Luis Waingarten

Signature of a member or 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.)

4913-6564-9330, v. 1

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TALLAHASSEE, FLORIDA

Audit No: 1120000027401 3
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
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4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995