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Certified Copies	_ Certificates	s of Status
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Derrick Thompson

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Unidos Imports LLC Name of Limited Liability Company				
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Alexander Hildebrandt Name of Person				
Name of Person				
Unidos Imports LLC				
7 Baker Court, Unit #5				
Address				
Boston/Massachusetts O2125 City/State and Zip Code				
City/State and Zip Code				
alex@orcinusvc.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mexandr Hilderand at (330), 415-8041 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}				
Mailing Address Street Address				
New Filing Section New Filing Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
()r	idos Impo	orts, LL	_		
	in the words "Limited Li				
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limite	d Liability Company is:		
Principal Office Address: 1317 Edgewater Dr. # 1572 Oclando, FL 32604			Mailing Address: 1317 Edgements Dr. #1522 Orlando, FL 32804		
		<u> </u>			
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own Retive Florida registration. ddress of the registered a	egistered Agent.) gent are:		idividual or	
	Kelly Mille	Name	·		
	1317 Edgev	eater Or	.		
	Florida street address (acceptable)	·	
	Orlando	Fl.	32804	- ;	
	City	State	Zip		
laving been named as registered a lace designated in this certificate, i orther agree to comply with the pro m familiar with and accept the obl	hereby accept the appointions of all statutes rela	ntment as registe uting to the prope	red agent and agree to act er and complete performan	in this capacity. I nce of my duties, and	

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager MGR Altxandu Hildurand 1317 Edgewalt Dr. #1572 Orlando Fl. 738 044 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED 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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Alexander

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)