Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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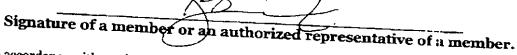
FLORIDA LIMITED LIABILITY CO. FAMILY PROTECTION AGENCY LLC

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
FAMILY PROTECTION AGENCY LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
15524 SW 127th AVE APT 105
MIAMI, FL 33177.
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitera Liability with an active Florida registration.)
BORIS DANIEL GOMEZ -
15524 SW 127th AVE, APT 105
MIAMI, FL 33177.
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
BORIS DANIEL GOMEZ - AMBR

Required Signatures:



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.

BORIS DANIEL GOMEZ
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)