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.

(((H21000255177 3)))



H210002551773ABC/

itote. DO		ESH/RELOAD button on your browser frow will generate another cover sheet.	om uns page, Doing	77.
	3.	Will generate another cover sheet	표성:	
			i- M	HUF
To:			4.5	
	Division of Co	porations	## 11	ယ္
	Fax Number	: (850)617-6381		
				377
From:			r d	$\overline{\Box}$
	Account Name	: LAZARUS CORPORATE FILING SERVICE, IN	NC .	ب
	Account Number	: 120000000019		F
	Phone	: (305)552-5973		S

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (305)675-5944

Email Address:_

FLORIDA LIMITED LIABILITY CO. CARDS AND CUTS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Fax Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

Cards and Cuts LLC.

ARTICLE II - Address:

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

4101 sw 73rd ave Miami FI, 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 with an active Florida registration.)

Peter Ariz

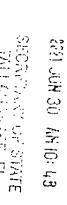
2103 coral way, suite 800

Miami FI, 33145

ARTICLE IV-

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

Jorge Masvidal -Manager



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.

Jorge Masvidal

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)