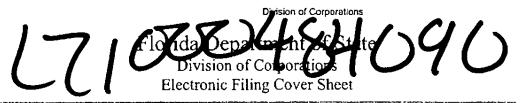
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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

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

	Address.			
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FLORIDA LIMITED LIABILITY CO. **CALLE OCAMPO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: CALLE OCAMPO LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 160 NE 18th ST HOMESTFAD, FL 33030 SAME ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.) The name and the Florida street address of the registered agent are:

EDWARD DANIEL CALLE TORRES Name 160 NE 18th ST Florida street address (P.O. Box NOT acceptable) HOMESTEAD FL City State Zip

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.

/s/ Cdward Daniel Calls Torres
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	EDWARD DANIEL CALLE TORRES
	160 NE 18th ST
	HOMESTEAD, FL 33030
AMBR	MARIA DEL CARMEN OCAMPO PALACIO
	160 NF 18th ST
	HOMESTEAD, FL 33030
	
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block downent's effective date on the Department's effective date on the Department date of the Department date of the Department date on the Department date of the Depart	es not meet the applicable statutory filing requirements, this date will no
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Filing Fees:

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

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