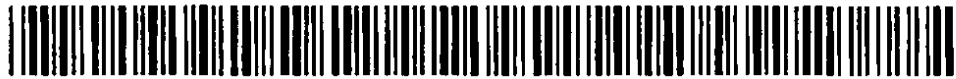


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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Radesme87@gmail.com

**FLORIDA LIMITED LIABILITY CO.
DESTINY MASTER DESIGNS, LLC**

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
DESTINY MASTER DESIGNS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

DESTINY MASTER DESIGNS, LLC

ARTICLE II - ADDRESS:


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

**PRINCIPAL ADDRESS: 11360 SW 52nd Street
Miami, FL 33165**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Registered Agent designated is: **RAMON E. FONSECA**

**RAMON E. FONSECA
11360 SW 52nd Street
Miami, FL33165**



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.

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OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: **NAME AND ADDRESS**

MGR **RAMON E. FONSECA**
 11360 SW 52nd Street
 Miami, FL 33165



Ramon E. Fonseca
Manager

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(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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