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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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

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FLORIDA LIMITED LIABILITY CO. LEONORY LLC

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

LAZARUS CORPORATE

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Other and with the words Limited Liability Company,

LEONORY LLC

ARTICLE II - Address:

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

26758 SW 123RD PL

HOMESTEAD, FL 33032

ARTICLE III - Registered Agent. Registered Office:

The name and the Plorida street address of the registered agent are: [The Limbted Limbthity. Company cosmot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

MARTIN LEON, NORAYDA

26758 SW 123RD PL

HOMESTEAD, FL 33032

ARTICLE IV-

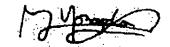
The name and title of each person authorized to manage and control the Limited Liability Company.

MARTIN LEON, NORAYDA - MGR

26758 SW 123RD PL

HOMESTEAD, FL 33032

Required Signatures:



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (i) (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, P.S.

MARTIN LEON, NORAYDA

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)