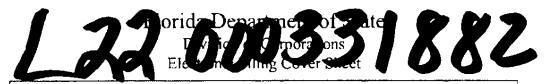
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : 120200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

Email Address:

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## FLORIDA LIMITED LIABILITY CO. BENJAFE LLC

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Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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#### H22000253146 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

BENJAFE 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:

5537 SHELDON RD SUITE E

TAMPA, FL 33615

5537 SHELDON RD SUITE E

TAMPA, FL 33615

#### 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:

VALLINA AND DAUGHTERS LLC

Name

5537 SHELDON RD SUITE E

Florida street address (P.O. Box NOT acceptable)

TAMPA **FLORIDA** 33615

> City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a Chic 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..

MARIA VALERIA VALLINA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

### H22000253146 3

Title:	Name and Address:	
"AMBR" = Authorized Member	r	
"MGR" = Manager		
MGR	PUNTURIERO, MARIA JOSE	
<del>.</del>	S537 SHELDON RD SUITE E	
	TAMPA, FL 33615	
AMBR	VIDAL. FLORENCIA SOLEDAD	
	TAMPA, FL 33615	
	TAMEA, 14 33013	
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