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Florida Department of State
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REGISTRATION
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FLORIDA LIMITED LIABILITY CO.
JMG E-COM LLC.

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

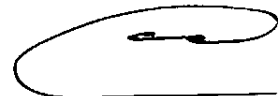
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name:

The name of the Limited Liability Company is: *John Garcia LLC*

JMG E-com LLC.

ARTICLE II. Address:

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

14 NE 1st Ave #301, Miami, FL 33132

ARTICLE III. Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *The Limited Liability Company, 14 NE 1st Ave #301, Miami, FL 33132. The agent is a natural person or another business entity authorized to be a registered agent.*

John Garcia

14 NE 1st Ave #301, Miami, FL 33132

ARTICLE IV.

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

John Garcia - MGR

14 NE 1st Ave #301, Miami, FL 33132

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Required Signatures:

Julian Gawing

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

In accordance with section 605.020(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.

Julian Gawing

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..

Julian Gawing

Registered Agent's Signature (REQUIRED)

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