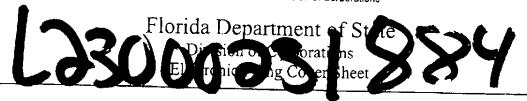
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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

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FLORIDA LIMITED LIABILITY CO. I & I MULTISERVICES, LLC.

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3056461527

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus		ERVICES, LLC.	
	st contain the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and st	treet address of the principal office	e of the Limited	Liability Company is:
<u>Pr</u>	rincipal Office Address:		Mailing Address:
6815 ABBOTT	AVE	6815	ABBOTT AVE
#2		<u>#2</u>	
he Limited Liability Con other business entity wit	ed Agent, Registered Office, & F	Registered Agengistered Agent. \	MI BEACH, FL. 33141 it's Signature: You must designate an individual or
RTICLE III - Registere The Limited Liability Cor- tother business entity with	ed Agent, Registered Office, & Finpany cannot serve as its own Registration.) street address of the registered agential interest address and the registered agential interest addr	Registered Agen gistered Agent. \ ent are:	it's Signature:
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RTICLE III - Registere The Limited Liability Cornother business entity with	ed Agent, Registered Office, & Popany cannot serve as its own Registration.) street address of the registered age IVAN LEON No. 6815 ABBOTT AVE #2	Registered Agent gistered Agent. \ ent are:	nt's Signature: Fou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	IVAN LEON 6815 ABBOTT AVE #2 MIAMI BEACH, FL. 33141
AMBR	ILEANA GARCIA 6815 ABBOTT AVE #2 MIAMI BEACH, FL. 33141
	
(Use attachment if necessary)	
FIGLE V: Effective date, if other than the date in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other than the date of effective date is listed, the date must be date of filing.)	specific and cannot be more than five business days prior to or 90 days as of meet the applicable statutory filing requirements, this date will not be listed
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TICLE V: Effective date, if other than the date in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does no document's effective date on the Departme TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days at our meet the applicable statutory filing requirements, this date will not be listed and of State's records.
TICLE V: Effective date, if other than the date in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does no document's effective date on the Departme TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a I This document is exect I am aware that any fa	specific and cannot be more than five business days prior to or 90 days as of meet the applicable statutory filing requirements, this date will not be listed

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3 30.00 Certified Copy (Optional)
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