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FLORIDA LIMITED LIABILITY CO. SOFLO 400 LLC

Certificate of Status	1		
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FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Sofio 400 LCC
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company."

T.L.C. "or "LLC")

SoFLO 400 LLC

ARTICLE II - Address:

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

5400 NW 84th AVE Doral FL 33166

ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Li Compuny cannot serve as its own Registered Agent. You must designate an individual or another with an active Florida registration.)					LLAHAHAHALI Lingted Lie	HAY I Zij	
with an active Florida registration.)	rich y	22	المناباطي) <i>o</i>	- CO	_	
	5400 Demi			•	TATE FL	36	

ARTICLE IV-

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

Henry Lee Comejo 5400 NW 34th Aux. Doral FL 33166

AMBR

Required Signatures:

3052201440

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

In accordance with section 605.0203 (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.

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 comple 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)