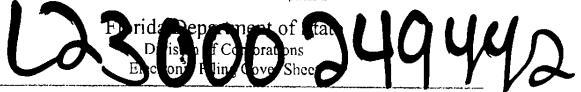
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Division of Corporations



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FLORIDA LIMITED LIABILITY CO. 3 ZAINE'S LLC

| Certificate of Status | 0 |
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Help

From: Yanet Avila

| ARTICLES OF ORGANIZATION FOR FLORIDA LINITED LEABILITY COMPANY | |
|--|--|
| ARTICLE 1 - Name: The name of the Limited Limbility Company is: | |
| BZAINE S LLC. | |
| (Must end with the words "Limited Linbility 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: Mulling Address: | |
| 1617 Brickell av. at 701 Miani-fl. 33139: SAUS on Daniel | |
| MIANI-FI. 33129. SAME on principal | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility Campany 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: | |
| Priscila C 2 ans. | |
| Name | |
| PRISCELA C. ZAVNE. Name 1627 Buckell av. art. 701 Florida street address (P.O. Box NOT acceptable) | |
| Florida street address (P.O. Box NOT acceptable) | |
| M. A. I. 33129. City Zip | |
| Having been named as registered agent and to accept service of process for the above stated itmited liability company 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 performant 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) | |
| Page 1 of 2 | |

4 . . .

| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| AMBR | PRISCIA C. ZAINE. 1627. BRICKELL QU. apt 70 MIANI-PI. 33129. |
| AN BR. | CHALLES MICHAEL ZAIP 1607 BUCKELL and apt to MUNIO- 81. 33127 |
| fective dute is listed, the date must be sp | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 |
| of filing.) | • |
| LE VI: Other provisions, if any. | |
| E VI: Other provisions, if any. REQUIRED SIGNATURE: | 4 1 1/L |