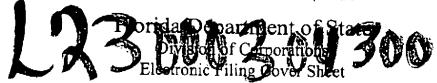
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Division of Corporations



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FLORIDA LIMITED LIABILITY CO. PURE MIAMI SERVICES LLC

Certificate of Status	0
Certified Copy	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>PURE MIAMI SERV</u>	/ICES LLC			
	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC,")	
ARTICLE II - Address:				
The mailing address and street ad	idress of the principal o	office of the Limited	Liability Company is:	
Principa	il Office Address:		Mailing Address:	
900 SW 84 AVE APT	Г 309		SW 84 AVE APT 309	
MIAMI FL 33144		141 A	NATE OF STATE	
The Limited Liability Company	cannot serve as its own	& Registered Ager	ML, FL 33144 It's Signature: You must designate an individual o)r
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered	& Registered Ager Registered Agent. Von.)	it's Signature:	FALS:
(The Limited Liability Company another business entity with an ac	cannot serve as its own ctive Florida registration	& Registered Ager Registered Agent. Von.)	it's Signature:	FALS:
(The Limited Liability Company another business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered	& Registered Ager Registered Agent. You.) d agent are: A	it's Signature:	
(The Limited Liability Company another business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered ROBERT BARRAZ.	& Registered Ager of Registered Agent. You) diagent are: A Name	nt's Signature: You must designate an individual c	FALS:
(The Limited Liability Company another business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered ROBERT BARRAZ.	& Registered Ager of Registered Agent. You) diagent are: A Name	nt's Signature: You must designate an individual c	FALS:

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" - Authorized Member "MGR" = Manager	Name and Address:		
AMBR	ROBERT BARRAZA 900 SW 84 AVE APT 309 MIAMI, FL 33144		-
			
			
(Use attachment if necessary)		SEC.	23 J
effective date is listed, the date must be speci- ite of filing.)	fic and cannot be more than five business days	prior to or 9	ين:
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