Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. BLONDIE SHAMROCK LLC

Certificate of Status	<u> </u>
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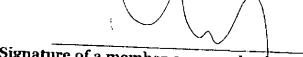


ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Blondie Shamrock LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability	<u> </u>
<u>5846 Sw 68</u> St.		
South Milmi, FC. 33143		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Michael LAZANO Alwarez	23 SEP 11 CRATURY ALLAHASS	
5846 5W 68 St. South Many, Fc. 33143	AM 1:50	M 0-
ARTICLE IV The name and title of each person authorized to manage and control the Limitability Company: (MGR or AMBR)	ited	-
Michael LAZANO Alvanez	AMBR	
Domingo - Alvarez	AMBE	_
Silvia Alvarez Mcbride	Am Ba	
Elena Ana Zervos	Am 6n	-
		-

EIN: 93-3333379

Required Signatures:



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 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)

SECRETARY OF STATE