From: Alex Pina

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SAFE RESTORATION LLC

(Must contain the words "Limited Liability 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:	Mailing Address:
8400 NW 26TH ST STE 450	8400 NW 36TH ST STE 450
DORAL, FL 33166	DORAL, FL 33166

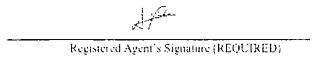
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company 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:

ALEX PINA CO.		
	Name	
\$400 NW 36TH ST 5	STE 450	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
DORAL	FL	33166
City	State	Zip

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 turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my divites, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 695, F.S..



(CONTINUED)

To:

ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:			
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
. 3. 27575	L'ACTION ALC		

AMBR	KASROD LLC 2803 KINSINGTON CIR WESTON, FL 33332	
AMBR	SEVAL USA LLC 3518 WEST 198TH ST HIALEAH, FL 33018	

(Use attachment if necessary)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REOURED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

GEORGES B CHAHDE

Typed or printed name of signed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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