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ilo: From:

Division of Corporations

Fax Number : (850)617-6381

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA LIMITED LIABILITY CO. **DEMA VISION LLC**

CONTRACTOR DE LA CONTRACT	
Certificate of Status	0
Certified Copy	1

Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
DEMA VISION LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
7440 SW 50 TER STE 106	7440 SW 50 TER STE 106
MIAMI, FL 33155	MIAMI, FL 33155

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.)

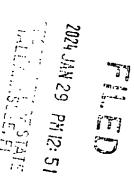
The name and the Florida street address of the registered agent are:

PREFERRED ACC	COUNTING SERVIC	ES, INC.
-	Name	
7440 SW 50 TER 5	STE 106	
Florida street addr	ess (P.O. Box <u>NOT</u> as	cceptable)
MIAMI	FL	33155
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 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..

/s/ Area Costales
Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARTIN MANYAFAVE 7440 SW 50 TER STE 106 MIAMI, FL. 33155
AMBR	DELFINA NUNEZ BEHRENS 7440 SW 50 TER STE 106 MIAMI, FL 33155
(Use attachment if necessary) CLEV: Effective date, if other than the de	ate of filing:
CLE V: Effective date, if other than the de effective date is listed, the date must be ite of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
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