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COVER LETTER

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CED IEC		EDNASE			
SUBJEC	, I i	Name of Lir	nited Liabilí	y Company	
The enclo	osed Articles of	Organization and fee(s) ar	e submitted	for filing.	
Please re	turn all correspo	ondence concerning this ma	atter to the fo	ollowing:	
		JAN	UT BARBA	RA FERNANDEZ	
			Name of	Person	
			Firm/Cor	npany	_
			P.O. BOX	91075	
			Addro	SS	
		DEI	TONA, FL	ORIDA 32739	
			ity/State and ITFDEZ@C	l Zip Code MAIL.COM	
	i	E-mail address: (to be used			on)
For further	information co	ncerning this matter, pleaso	e call:		
	JANIT B	FERNANDEZ	386	450-1748	
	Nam		rea Code	Daytime Telephon	e Number
Enclosed	is a check for the	he following amount:			
□\$125.6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie		■\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		g Address		Street Address	
		iling Section on of Corporations	•	New Filing Section Di The Centre of Tallah:	issee
		ox 6327 assec, FL 32314		2415 N. Monroe Stre Fallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	El	DNASE, LLC	
(Must con	itain the words "Limited L	iability Company, "L.L.	C" or "LLC.")
ARTICLE II - Address:			
he mailing address and street	address of the principal of	fice of the Limited Liab	ility Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1656 NEWC	COMB EN		P.O.BOX 391075
			137.DQX 371072
ARTICLE III - Registered Ay The Limited Liability Compar	FLORIDA 32738 gent, Registered Office, & y cannot serve as its own I	DE Registered Agent's S Registered Agent, You r	ELTONA FLORIDA 32739
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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 Semature (REQUIRED

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager AMBR JANTT B, FERNANDEZ 1636 NEWCOMB LN DELTONA FLORIDA 32738 MGR EDWARD Y, GONZALEZ 454 EAST INTH STREET HIALEAH FLORIDA 33013 ICLE V: Effective date, if other than the date of filing: (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) reflective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a atte of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED 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. Lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in sAIT.155, F.S. JANIT BARBARA FERNANDEZ Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certificate of Status (Optional)	Title:	Name and Address:
AMBR JANT B. FERNANDEZ 1650 NEWCOMB UN DELTONA FLORIDA 32738 MGR EDWARD Y. GONZALEZ 454 FAST INTH STREET IHALEAH FLORIDA 33013 ICLE V: Effective date, if other than the date of filing: (OPTIONAL) reflective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days atte of filing.) 2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED 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, E.S. JANIT BARBARA FERNANDEZ Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)		
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DELTONA FLORIDA 32788	AMBR	
(Use attachment if necessary) ICLE VI: Effective date, if other than the date of filing		DELTONA FLORIDA 32738
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\$ 30.00 Certified Copy (Optional)	\$125.00 Filing Fee for Articles o	
S 5.00 Certificate of Status (Optional)		
	\$ 5.00 Certificate of Status (O)	otional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	EI	DNASE, LLC	
(Must cont	ain the words "Limited L	iability Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited Liab	ility Company is:
Princip	al Office Address:		Mailing Address:
1656 NEWCO	OMB LN		P.Q.BOX 391075
ARTICLE III - Registered Ago The Limited Liability Company	cannot serve as its own I	DE Registered Agent's S Registered Agent. You n	LTONA FLORIDA 32739
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	ent, Registered Office, & cannot serve as its own I netive Florida registration	DE & Registered Agent's S Registered Agent. You n	LTONA FLORIDA 32739
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	ent, Registered Office, & cannot serve as its own I netive Florida registration address of the registered	DE & Registered Agent's S Registered Agent. You n	ignature: nust designate an individual
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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 Sagnature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Mem "MGR" = Manager	ber
<u>AMBR</u>	JANIT B. FERNANDEZ 1656 NEWCOMB LN
	DELTONA FLORIDA 32738
MGR	EDWARD Y. GONZALEZ
	454 EAST 18TH STREET HIALEAH FLORIDA 33013
	;
	
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