Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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|-------|----------|--|--|
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FLORIDA LIMITED LIABILITY CO. LA MERCED ENTERPRISES, LLC

| Certificate of Status | 1 | |
|-----------------------|----------|--|
| Certified Copy | 0 | |
| Page Count | 03 | |
| Estimated Charge | \$130.00 | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

LA MERCED ENTERPRISES, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

667 NE 4TH ST

667 NE 4TH ST HOMESTEAD, FL 33034

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:

MARIA M. ACQUARONI

Name .

Florida street address (P.O. Box NOT acceptable)

State

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)

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

| "MGR" = Manager MGR | <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|--|
| (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. NY AND ALL LAWFULL BUSINESS REOURED SIGNATURE: Signature of antimore or an author field 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 swith section 605.0203 (1) (b), Florida Statutes. | "MGR" = Manager | |
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ARIA M. ACOUARON

Typed or printed name of signee

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