

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
FABA04, LLC**

Certificate of Status	0
Certified Copy	1
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FACILITY

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

FABA04, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

FABA04, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**9969 NE 4TH AVE RD
MIAMI SHORES, FL. 33138**

The mailing address shall be:

**9969 NE 4TH AVE RD
MIAMI SHORES, FL. 33138**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

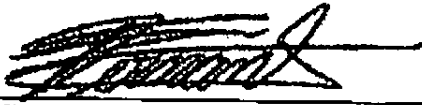
FERNAN, OCAMPO GONZALEZ

**9969 NE 4TH AVE RD
Florida Street address (P.O.BOX NOT acceptable)
MIAMI SHORES, FL. 33138
City, State, and Zip**

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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 SIGNATURE

ARTICLE IV- MANAGEMENT

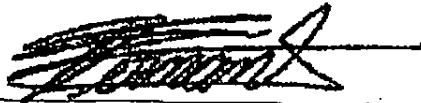
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

FERNAN, OCAMPO GONZALEZ
9969 NE 4TH AVE RD
MIAMI SHORES, FL. 33138

AMBR

BEATRIZ, GONZALEZ OCAMPO
9969 NE 4TH AVE RD
MIAMI SHORES, FL. 33138

MANAGER



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.)

FERNAN, OCAMPO GONZALEZ

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