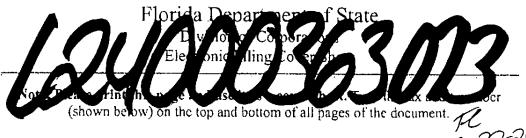
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 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. 32 - 45 PETROLEUM LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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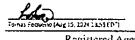
Help

From: Yanet Avila

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:				
32 - 45 PETROLEUM (Must contr	1 LLC in the words "Limited I	iability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	ffice of the Limited	Liability Company is:		
Principa	l Office Address:		Mailing Address:		
9615 NW 118 ST MIAMI, PL 33176			NW 118 ST MI, FL 33176		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ar- The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered TOMAS PEQUENO	Registered Agent. ' n.)	at's Signature: You must designate an individual (	PEAL PRICE STATE	) ) ) ^127853
	9615 NW 118 ST Florida street address	(P.O. Roy NOT a	rcentable)	, E.	ა
	Piorida sireci aduress	(F.O. DOX <u>ROT</u> at	sceptable)		
	MIAMI	FL	33176		
	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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

		Name and Address:	
	Authorized Member		
"MGR" = N	fanager		
MGR		TOMAS PEQUENO	
		9615 NW 118 ST	
		MIAMI. FL 33176	
A 47 513		111277771 11 1222 11 11	
MUK		MANUEL ALABDALLAH 225 VISTALMAR ST.	<del></del>
		CORAL GABLES, FL 33143	
			di N
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			्रान ⊒
			2. E.
			<b>F</b>
			<u>m</u> №
: V: Effecti ctive date is filing.)	listed, the date must b	date of filing:  ne specific and cannot be more than five busines	s days prior to or 90 day
EV: Effecti ctive date is f filing.) he date insc nent's offect	ve date, if other than the listed, the date must be ted in this block does live date on the Departr	date of filing:  ne specific and cannot be more than five busines  not meet the applicable statutory filing requirement  nem of State's records.	s days prior to or 90 day
EV: Effecti ctive date is f filing.) he date insc ent's offect	ve date, if other than the listed, the date must be erted in this block does	not meet the applicable statutory filing requirement	is days prior to or 90 day
EV: Effective date is filling.) the date inschemi's offective CVI: Other parts	ve date, if other than the listed, the date must be ted in this block does live date on the Departr	ne specific and cannot be more than five husines not meet the applicable statutory filing requirements of State's records.	is days prior to or 90 day
CV: Effective date is filling.) the date inscient's offective CVI: Other p	ve date, if other than the listed, the date must be listed in this block does live date on the Department provisions, if any.  SIGNATURE:  Signature of This document is explain aware that any	ne specific and cannot be more than five husines not meet the applicable statutory filing requirements of State's records.	ents, this date will not be member.
EV: Effective date is filling.) the date inschemit's offect	ve date, if other than the listed, the date must be listed, the date must be listed in this block does live date on the Department provisions, if any.  SIGNATURE:  Signature of This document is explain aware that any constitutes a third department.	not meet the applicable statutory filing requirement of State's records.  a member or an authorized representative of a secuted in accordance with section 605.0203 (1) (false information submitted in a document to the	ents, this date will not be member.