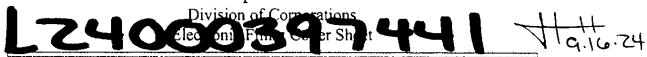
Florida Department of State



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Division of Corporations

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Email Address: bob@viniarcpa.com

FLORIDA LIMITED LIABILITY CO.

Jose Darias Consultations LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Jose Darias C	onsultations LLC
(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr The mailing address a		cipal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
2943 NW 51st S Miami, FL 33142		2943 NW 51st St
ARTICLE III - Regi	stered Agent, Registered (Miami, FL 33142 Office, & Registered Agent's Signature:
ARTICLE III - Regi (The Limited Liability another business entit	stered Agent, Registered (office, & Registered Agent's Signature: s own Registered Agent. You must designate an isstration.)
ARTICLE III - Regi (The Limited Liability another business entit	stered Agent, Registered (Company cannot serve as ity with an active Florida reg	Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an isstration.) istered agent are:
ARTICLE III - Regi (The Limited Liability another business entit	stered Agent, Registered (Company cannot serve as it you with an active Florida registered address of the registered Darias 2943 NW 51st St	office, & Registered Agent's Signature: s own Registered Agent. You must designate an isstration.)
ARTICLE III - Regi (The Limited Liability another business entit	stered Agent, Registered (Company cannot serve as it you with an active Florida registered address of the registered Darias 2943 NW 51st St	Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an istration.) istered agent are: Name

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)

Jose Darias

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

H24000313146

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Jose Darias	
	2943 NW 51st St	
	Miami, FL 33142	
		
		
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of fills	ng: (OPTIONAL)	
effective date is listed, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90	day
effective date is listed, the date must be specific a	ng: (OPTIONAL) and cannot be more than five business days prior to or 90	day
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effective date is listed, the date must be specific attended to filling.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90	day
effective date is listed, the date must be specific attended to filling.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90	day
effective date is listed, the date must be specific at the of filling.) CLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90	day
effective date is listed, the date must be specific at the of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90	day
effective date is listed, the date must be specific at e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	and cannot be more than five business days prior to or 90	day
effective date is listed, the date must be specific at e of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the section of	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	day
effective date is listed, the date must be specific at e of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information and the section formation of the section formation under the section formation u	or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State	day
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Page 2 of 2