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Florida Department of State
Division of Corporations
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RECEIVED

FLORIDA LIMITED LIABILITY CO.
LUX CABALLERO ENTERPRISES LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11230 SW 3RD ST
MIAMI, FL 33174

11230 SW 3RD ST
MIAMI, FL 33174

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:

HUMBERTO J. MORA CABALLERO
Name

11230 SW 3RD ST
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33174
City State Zip

I, having been named as registered agent with 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, to further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and to assume full and complete responsibility and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

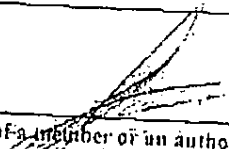
HUMBERTO JULIO MORA CABALLERO
11230 SW 3RD ST
MIAMI, FL 33174

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL).
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
ANY AND ALL LAWFUL BUSINESS

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, F.S.

HUMBERTO JULIO MORA CABALLERO

Typed or printed name of signer