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Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AA EXPRESS SERVICES INC
Account Number : 120230000057
Phone : (954)596-0323
Fax Number : (954)596-0353

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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CLERK OF THE COURT
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
M & J Group LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3M & J GROUP SOLUTIONS 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:410 S POWERLINE RD #4
DEERFIELD BEACH, FL 33442Mailing Address:410 S POWERLINE RD #4
DEERFIELD BEACH FL 33442

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:

AA EXPRESS SERVICES INC

Name

410 SOUTH POWERLINE RD #1Florida street address (P.O. Box **NOT** acceptable)DEERFIELD BEACH FL 33442

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)

((H24000398349 3)))

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MARIO ANTONIO DOMINGUEZ MALAVE

URB. TERRAZAS DEL VALLE CALLE 3 TH 101

EL VALLE, NUEVA ESPARTA, VENEZUELA

AMBR

MARIA CAROLINA COSTA MARCANO

URB. TERRAZAS DEL VALLE CALLE 3 TH 101

EL VALLE, NUEVA ESPARTA, VENEZUELA

(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:

REQUIRED SIGNATURE:

Maria C Costa M

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.

MARIA CAROLINA COSTA MARCANO

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)