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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

09 JUL -9 AM 8: 04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SETORGA INVESTMENTS, LLC

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

J. BRYAN

JUL 10 2009

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TALLAHASSEE, FLORIDA

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EXAMINER

H09000160106

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SETORGA INVESTMENTS, LLC

(Must end with 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:

11500 NW 82 Terrace
Doral Florida 33178

11500 NW 82 Terrace
Doral, FL 33178

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:

Nayipzi C. Gutierrez

Name

c/o 11500 NW 82 Terrace

Florida street address (P.O. Box NOT acceptable)

Doral, FL 33178

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 608, F.S..

Nayipzi C. Gutierrez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H09000160106

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Maria Mercedes Torres Garcia</u> <u>11500 NW 82 Terrace</u> <u>Doral, FL 33178</u>
<u>Member</u>	<u>Segundo Torres Garcia</u> <u>11500 NW 82 Terrace</u> <u>Doral, FL 33178</u>
<u>Member</u>	<u>Teodora Coralía Torres Garcia</u> <u>11500 NW 82 Terrace</u> <u>Doral, FL 33178</u>
<u>Member</u>	<u>Segundo Torres Garcia, Jr.</u> <u>11500 NW 82 Terrace</u> <u>Doral, FL 33178</u>

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: July 8, 2009 (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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Maria Mercedes Torres Garcia

Typed or printed name of signee

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)