Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:____

FLORIDA LIMITED LIABILITY CO. GADGETS-TECH 17 LLC

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

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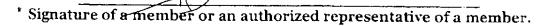


ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANI

ARTICLE I - Name: The name of the Limited Liability Company is:
Gadgets-tech 17 LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
9040 Sw 97th AVE APT 33176 Miami Florida
~ ~
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) Tase Andres BASTIDAS 10000
9040 Su 97th AVE Apt 7 33176 Miami + Porida
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) JOSE Andres bashidas torres (AMBR)
(THOTOK)

EIN: 33 - 3216480

Required Signatures:



In accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depart nent of State constitutes a third degree felony as provided for in s.817.155, F.S.

José Andres Bastidas torres
Typed or printed name of signee

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 o my duties, and I am familiar with and accept the obligations of my position as registered agent us provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)