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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

FLORIDA LIMITED LIABILITY CO. PURCHASING INTL LIQUIDATIONS LLC

Certificate of Status	1
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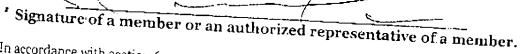
Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTICLE 11- Address
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
O A /
- 270/ Segovia Street
Conal 696/ec - 33134
ARTICLE IV ARTICLE IV ARTICLE IV The name and title of each person authorized to manage and control the Limited ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Miguel E. Cosculturala (AMBR)

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S

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 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)

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