

**L020000006922**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

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

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

segutrans u.s.a, llc.

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. Name of the Limited Liability Corporation:

**SEGUTRANS U.S.A, L.L.C.**

ARTICLE II: Mailing Address:

7135 N.W. 179 Street Suite 203  
Miami, Florida 33025

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TALLAHASSEE, FLORIDA  
02 MAR 19

ARTICLE III: Registered Agent, Registered Office, and Registered Agent's signature:

Juan Carlos Villa  
7135 N.W. 179 Street, Suite 203  
Miami, Florida 33025

*Having been named as registered agent 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.*

  
\_\_\_\_\_  
Juan Carlos Villa  
Registered Agent Signature

**ARTICLE IV. MANAGEMENT**


The limited liability company is to be managed by one member or members and it is therefore a member-managed company

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IN WITNESS WHERE OF, the undersigned members have executed the foregoing Articles of Organization as of the \_\_\_ day of \_\_\_\_\_, 2002.

MEMBERS:

  
\_\_\_\_\_  
Carlos Nino

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TALLAHASSEE, FLORIDA  
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