

W02000010195

Florida Department of State
Division of Corporations
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MJH

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

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000817
Phone : (305)485-9300
Fax Number : (305)485-1098

RECEIVED

02 APR 29 PM 12: 29

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 APR 29 AM 10: 27

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LIMITED LIABILITY COMPANY

BULLRICH U.S.A, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

HO20001115300.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

BULLRICH U.S.A, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

BULLRICH U.S.A, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**100 NORTH BISCAYNE BLVD SUITE # 1407
MIAMI, FL. 33132**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

FERNANDO DAMIAN MAZZONI

Name

100 NORTH BISCAYNE BLVD SUITE # 1407

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

MIAMI, FL. 33132

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 APR 29 AM 10:27

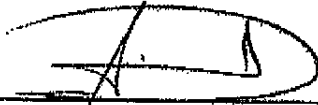
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YOHIMA DEL CORRAL
4080 SW 84 AV
MIAMI, FL 33155
305-4859300

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Ho2 000 1115300

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..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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.)

FERNANDO DAMIAN MAZZONI

Typed or printed name of signee

Ho2 000 1115300