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

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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LIMITED LIABILITY COMPANY

LATB-LATIN AMERICAN INTERNATIONAL BUSINESS L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LAIB - LATIN AMERICAN INTERNATIONAL BUSINESS L.L.C.**

**ARTICLE II - Address:**

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

**6355 N.W. 36 ST. SUITE 507  
MIAMI, FL. 33166**

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**ALFREDO FERRARO**

Name

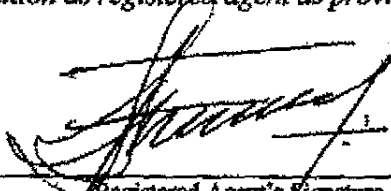
**6355 N.W. 36 STREET SUITE No. 507**

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

**MIAMI FL 33166**

City, State, and Zip

*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.*

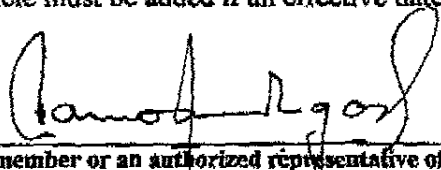


Registered Agent's Signature

**Article IV – Management (Check box if applicable.)**

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.)

**JAIRO VARGAS / Authorized Representative of a Member**

\_\_\_\_\_  
Typed or printed name of signer

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