

L03000044491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

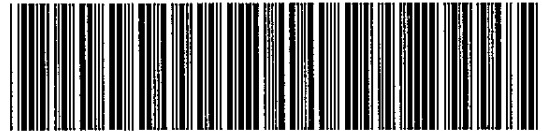
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 NOV 14 PM 1:42
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 14 AM 10:43

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EXPRESS CORPORATE FILING SERVICE INC.
 Requestor's Name

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CORAL GABLES, FL 33134 (305) 444-4994
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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Euro-USA Import & Export, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
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 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
Euro-USA Import & Export, LLC.**

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Name.

The name of the limited liability company is Euro-USA Import & Export, LLC.

Duration.

The period of duration for this limited liability company is perpetual from the date of filing the Articles of Organization with the appropriate state filing office, unless sooner dissolved by the members or as provided by state law.

Purpose.

The purpose for which this limited liability company is organized is to perform any lawful purpose except that of banking and insurance.

Principal Place of Business.

The principal place of business is

PO Box 163502

Miami, Fl. 33116

Registered Agent & Office.

The name of the company's registered agent, whose Consent to Appointment as Registered Agent is included with these Articles, is Sofia Elena Rincon and the address of the registered office within this state is

10154 SW 164 PL, Miami, FL. 33196.

Capitalization.

The total initial capital contribution by the members of this LLC has an agreed value of \$1000.00

Additional Capital Contributions.

Additional capital contributions if required shall be contributed in accordance with the members' membership percentages.

Admission of Additional Members.

Additional Members may be admitted to this LLC only with upon such terms as are unanimously agreed to by all Members in the Operating Agreement.

Continuation.

The remaining Members of the limited liability company by unanimous vote may exercise the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event, which terminates the continued membership of a Member in this limited liability company. Members cannot enter into Business

Continuation Agreement.

Management.

The business of the company shall be conducted under the exclusive management of its members who shall vote according to their proportionate interest in their company and shall have exclusive authority to act for the company in all matters. Members cannot enter into a Business.

Dissolution Consent Agreement. The names and addresses of the members of the Company are:

Adriano Dell'Orsi
Via: Nuova 39/1
Funodi Argelato Bologna
Italy

40%

Marco Tassinari
Via: Bitelli N.3
44042 Cento -FE
Italy

40%

Sofia Elena Rincon 20%
10154 SW 164 Pl
Miami, FL. 33196

Organizer.

The name and address of each organizer of this Limited Liability Company is:

Sofia Elena Rincon



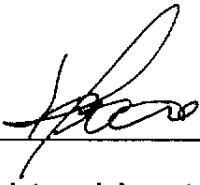
Authorized Signature

Sofia Elena Rincon
10154 SW 164 Pl
Miami, FL. 33196

CONSENT TO APPOINTMENT

AS REGISTERED AGENT

I, Sofia Elena Rincon, accept appointment as registered agent, and affirm that I am familiar with the duties of a registered agent.



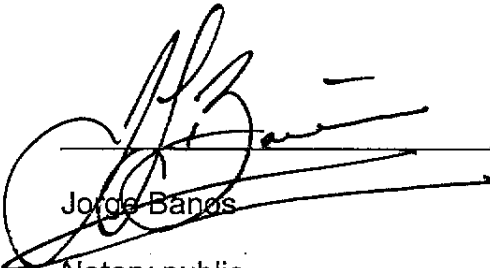
Registered Agent

County of Miami-Dade

State of Florida

Subscribed and sworn before me on this 7th day of November, 2003.

WITNESS my hand and official seal



Jorge Banos
Notary public

My commission expires: 10/21/2006

