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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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TALLAHASSEE, FLORIDA
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LIMITED LIABILITY COMPANY

INVERSIONES FELCA LLC.

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

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DIVISION OF CORPORATIONS

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Handwritten initials and number 4804

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
Inversiones FELCA LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
2251 S.W. 27th St. #7 Miami, Florida 33133

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

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

Luis F. Trujillo

Name

1825 Ponce de Leon Blvd. #378

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

Coral Gables, Florida 33134

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.

SECRETARY OF STATE
JAILL AHAASSE, FLORIDA

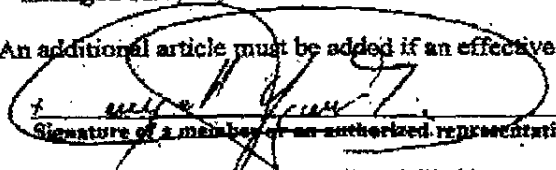
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Article IV - Management (Check box if applicable.)

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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Orfa Nelly Pasos Moncada

Typed or printed name of signee

Orfa Nelly Pasos Moncada - Manager / Member (33,33%)
2251 S.W. 27th. St. #7
Miami, Fl. 33133

Catalina Del Rio Pasos - Manager / Member (33,33%)
2251 S.W. 27th. St. #7
Miami, Fl. 33133

Juan Felipe Del Rio Pasos - Manager / Member (33,33%)
2251 S.W. 27th. St. #7
Miami, Fl. 33133

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