

05/21/2009 10:54 AM GIRALDO PAGE 01  
Division of Corporations  
**W09000052862**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**DEBICELL USA, LLC.**

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

**M. THOMAS**

JUN - 2 2009

**EXAMINER**

H090001321983.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

DEBICELL USA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

DEBICELL USA, LLC.

ARTICLE II - ADDRESS

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

323 NAVARRE AVE APT 106  
CORAL GABLES, FL. 33134

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

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

HECTOR O. TONANTE

323 NAVARRE AVE APT # 106  
Florida street address ( P.O.BOX NOT acceptable)

CORAL GABLES, FL. 33134  
City, State, and Zip

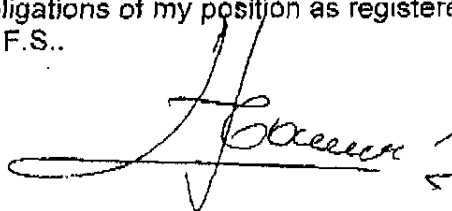
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CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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.

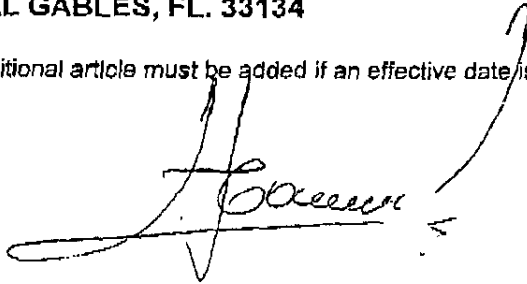
**LUIS J. SPIRITO  
323 NAVARRE AVE APT 106  
CORAL GABLES, FL. 33134**

**MANAGER**

**HECTOR O. TONANTE  
323 NAVARRE AVE APT 106  
CORAL GABLES, FL. 33134**

**MANAGER**

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



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**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.)

**HECTOR O. TONANTE**  
Typed or printed name of signee

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