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

From: Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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FLORIDA LIMITED LIABILITY CO.
DISDROK CAPITAL, LLC.

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

DISDROK CAPITAL ,LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

DISDROK CAPITAL ,LLC.

ARTICLE II - ADDRESS

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

**5395 NW 106 CT
DORAL,FL 33178**

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

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

CARLOS PELLICER

5395 NW 106 CT
Florida street address (P.O.BOX NOT acceptable)

DORAL FL.33178
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (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.

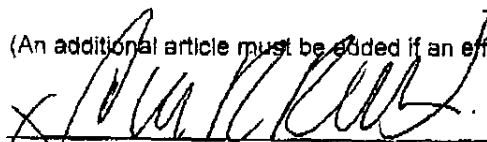
CARLOS PELLICER
5395 NW 106 CT
DORAL FL, 33178

MANAGER

MARIELVI OCHOA
5395 NW 106 CT
DORAL FL, 33178

MANAGER

(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.)

CARLOS PELLICER
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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