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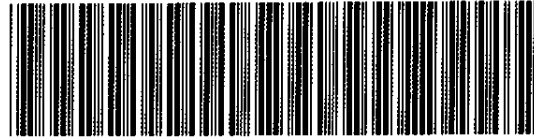
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JUL 06 2011

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 07/06/2011

REF. #: 000380.150845

CORP. NAME: VIVA MOVIL, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 540510 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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**ARTICLES OF ORGANIZATION
OF
VIVA MOVIL, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. NAME

The name of the limited liability company is VIVA MOVIL, LLC (the "Limited Liability Company").

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2509 W. 2nd Street, Marion, IN 46952.

ARTICLE III.


REGISTERED AGENT, OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are as follows:

NRAI Services, Inc.
515 E. Park Avenue
Tallahassee, FL 32301

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Having been named as registered agent to accept service of process for the 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 of the Florida Statutes.


Katie Wonsch,
Asst. Secretary

Date: July 6, 2011

[ARTICLE IV. MANAGEMENT

The Limited Liability Company shall be managed by its Managers. The names and addresses of the initial Managers of the Limited Liability Company are as follows:

Raul Marcelo Claire	9725 N.W. 117 th Avenue Miami, Florida 33178
Rafael M. de Guzman, III	9725 N.W. 117 th Avenue Miami, Florida 33178
Scott Moorehead	2509 W. 2 nd Street Marion, Indiana 46952
Chad Jensen	2509 W. 2 nd Street Marion, Indiana 46952]

/s/ Karen E. Salas-Morales
Signature of authorized representative of a member

Printed Name: Karen E. Salas-Morales

Date: July 6, 2011

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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.