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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP:

Account Number : I20100000009

Phone

: (305)599-0839

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. MASTER OPERATIONS INTERNATIONAL, LLC

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OCT 7 2011

EXAMINER

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ARTLICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

MASTER OPERATIONS INTERNATIONAL, LLC

Article II-Address:

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

Principal Office Adress:

Mailing Address:

7581 SW 36TH STREET, MIAMI FL, 33155

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity with an active Florida registration).

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

EVA MARIA ESCANDELL, 7581 SW 36TH STREET, MIAMI FL, 33155.

Having been named as registered agent and to accept services 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 statues 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 (Required)

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(continue)

ARTICLE IV-Manager(s) or Managing Member(s)

The name and address of each Manager or managing Member is as follow:	
TITLE:	Name and Address
MGR= Manager	CARLOS ESCANDELL MARTINEZ
MGR	C/SALVADOR DALI #6, MADRID SPAIN, 28320 LCCHETARY OF STATE ALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing,October 10th,2011.(The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department if State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

SIGNATURE OF THE 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 that the facts stated herein are true.)

Eva Maria Escandell___ Type or printer name of signee.