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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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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.
SEGRA GRUP LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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15 MAR 23 AM 9:11
15 MAR 23 AM 10:00
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MAR 24 2015

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Segra Grup LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

| | |
|----------------------------------|-----------------------------|
| <u>Principal Office Address:</u> | <u>Mailing Address:</u> |
| <u>7400 S.W. 50 TERRACE</u> | <u>7400 S.W. 50 TERRACE</u> |
| <u>SUITE 304</u> | <u>SUITE 304</u> |
| <u>MIAMI, FLORIDA 33155</u> | <u>MIAMI, FLORIDA 33155</u> |

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:

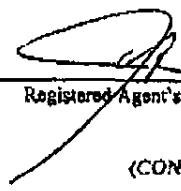
PASTROFF, BARJA, KELLY & CO.
Name

7400 S.W. 50 TERRACE SUITE 304
Florida street address (P.O. Box NQT acceptable)

MIAMI City FL 33155 Zip

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15 MAR 23 AM 9:10
TALLAHASSEE, FLORIDA

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR = Authorized Member

MGR = Manager

MGR

Name and Address:

GRACIELA ROSANA ALVAREZ

7400 S.W. 50 TERRACE SUITE 304

MIAMI, FLORIDA 33155

MGR

SERGIO PILAR DEPFEZ PRUVOST

7400 S.W. 50 TERRACE SUITE 304

MIAMI, FLORIDA 33155


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.)

SERGIO PILAR DEPFEZ PRUVOST

Typed or printed name of signer

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15 MAR 23 AM 9:11
CLERK OF COUNTY OF DADE
STATE OF FLORIDA

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