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Florida Department of State  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.  
CHEZ DES AMIS LLC

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHEZ DES AMIS LLC

**ARTICLE II - Address:**

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

13280 SW 88 LANE APT # B202

MIAMI FLORIDA 33186

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

LAURA CAPONE ROSSI

13280 S.W 88 LN APT B202

MIAMI FL 33186

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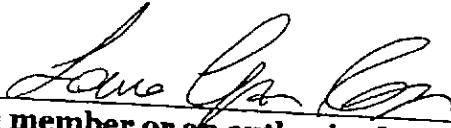
**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

LAURA CAPONE ROSSI AMBR

FRANCISCO J GUTIERREZ OROPEZA AMBR

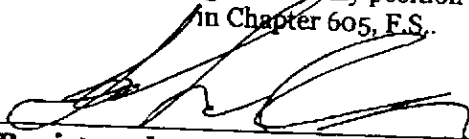
MARTHA MONICA GUERRERO BARRETO AMBR

**Required Signatures:****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.817.155, F.S.

LAURA CAPOUE ROSSI**Typed or printed name of signee**

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)**

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