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Florida Department of State
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To: Division of Corporations
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

PARTNERS GLOBAL SERVICES, LLC

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR
PARTNERS GLOBAL SERVICES, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

PARTNERS GLOBAL SERVICES, LLC

ARTICLE II - ADDRESS:

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

1401 Brickell Avenue
Suite 420
Miami, Florida 33131

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by a manager, or managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address(es) of such manager(s) who is/are:

Oilda Hernandez

1401 Brickell Avenue
Suite 420
Miami, Florida 33131

This Instrument Prepared By: Alvare Castillo B., Esq.
1390 Brickell Avenue, Suite 200
Miami, Florida 33131
(305) 371-5540
Florida Bar No. 611761

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTER OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTER AGENT, THE STATE OF FLORIDA.

- 1. The name of the limited liability company is:

PARTNERS GLOBAL SERVICES, LLC

- 2. The name and address of the registered agent and office is:

ALVARO CASTILLO B., P.A.
1390 Brickell Avenue
Suite 200
Miami, Florida 33131

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STATE OF FLORIDA
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 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 REGISTER AGENT.

SIGNATURE

11-14-00
DATE

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