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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 MAY 31 PM 4: 10
DIVISION OF CORPORATIONS

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

LIMITED LIABILITY COMPANY

RAICES DEL SUR, LLC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 MAY 31 A 9 26

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAICES DEL SUR, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

RAICES DEL SUR, LLC.

ARTICLE II - ADDRESS

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

7600 COLLINS AVE # 615
MIAMI BEACH, FL 33141

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

FERNANDO MAZZONI

7600 COLLINS AVE # 615

Florida street address (P.O.BOX NOT acceptable)

MIAMI BEACH, FL 33141

City, State, and Zip

BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33156
(305) 485-9300

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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 608, F.S..

MAY 31 A 9 26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARIEL LISJAK MANAGER
 3205 NE 184TH ST. APT. 9206
 MIAMI, FL 33160

MARCELO A. SCHIAPPACASSE MANAGER
 3186 MERRICK TERRACE
 MARGATE, FL 33063

DIEGO MARTIN SOLOAGA MANAGER
 7600 COLLINS AVE # 615
 MIAMI BEACH, FL 33141

(An additional article must be added if an effective date is requested)



Signature of a 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 the facts stated herein are true.)

FERNANDO MAZZONI
 Typed or printed name of signee

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