06000100139

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	siness Entity Name)	
(Document Number)		
Certified Copies		
Special Instructions to F	Filing Officer:	

Office Use Only



800080084458

10/13/06--01006--008 **78.75

10/13/06--01006--009 **76.25

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

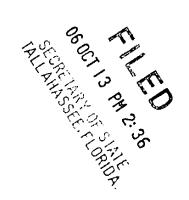
CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

ASCALARIAS RETORDE

•	Office Use Only			
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if k	nown):		
	ROUP, L.L.C	·•		
(Corporation Name)	(Document #)			
	" Land of the second			
2. (Corporation Name)	(Document #)		•	
3. (Corporation Name)	(Document #)			
•	(======================================			
4				
(Corporation Name)	(Document #)	— ··· · · ,		
Walk in Pick up time	2.00	Certified Copy		
Mail out Will wait	Photocopy	Certificate of Status		
	,,			
NEW FILINGS	<u>AMENDMENTS</u>	•		
Profit	☐ Amendment			
Not for Profit	Resignation of R.A	., Officer/Director		
Limited Liability	Change of Registe	red Agent		
Domestication	Dissolution/Withd	rawal		
Other	Merger			
OTHER FILINGS	REGISTRATION/QU	JALIFICATION		
Annual Report	☐ Foreign			
☐ Fictitious Name	Limited Partnershi	ip ·	: · .	
	Reinstatement	•	•	
	Trademark			
	U Other			
•		Examiner's Initials		

OF LEADERS USA GROUP, L.L.C.



The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named: LEADERS USA GROUP, L.L.C.

1

ARTICLE I. NAME

The name of the Limited Liability Company shall be **LEADERS USA GROUP, L.L.C.**

ARTICLE II. ADDRESS

The mailing address and street address of de principal office of the Limited Liability Company shall be 2069 SOUTH OCEAN DR. Ste.10, HALLANDALE, FI. 33009.

ARTICLE III. DURATION

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

ARTICLE IV. PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 608.404 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V. MANAGEMENT

This Limited Liability Company shall be managed by one Managing Member and the name and address of the Managing Member are:

JUAN PABLO AMBROSINI
at 2069 SOUTH OCEAN DR. Ste. 10, HALLANDALE, FI. 33009.
ADRIANA N. IRIARTE
at 2069 SOUTH OCEAN DR. Ste. 10, HALLANDALE, FI. 33009.

ARTICLE VI. ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

ARTICLE VII. CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptey or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

JUAN PABLO AMBROSINI MANAGING MEMBER

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

LEADERS USA GROUP, L.L.C. 2069 SOUTH OCEAN DR. Ste. 10 HALLANDALE, FI. 33009

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

JUAN PABLO AMBROSINI Name

2069 SOUTH OCEAN DR. Ste. 10 (P.O. Box or Mail Drop NOT acceptable)

HALLANDALE, FL. 33009 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.

SIGNATURE

DATE 10/12/2006

JUAN PABLO AMBROSINI