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LIMITED LIABILITY COMPANY

Alubia.com LLC

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H00000019426 6 ARTICLES OF ORGANIZATION OF

Alubia.com LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Alubia.com LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 19276 SW 5TH STREET, Pembroke Pines, Florida 33029.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Ralph Calatayud, 19276 SW 5TH STREET, Pembroke Pines, FL 33029. Located in the County of Broward.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2040.

ARTICLE V

MANAGERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are;

Dante Ortiz-Calatayud, 19276 SW 5TH STREET, Pembroke Pines, FL 33029

Leonor Calatayud, 19276 SW 5TH STREET, Pembroke Pines, FL 33029

Blas Gervino, 19276 SW 5TH STREET, Pembroke Pines, FL 33029

Rick Oster, Authorized Representative

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madfson, WI 53717.

(608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Alubia.com LLC

The name and address of the registered agent and office is: Ralph Calatayud, 19276 SW 5TH STREET, Pembroke Pines, FL 33029. Located in the County of Broward.

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.

Signamie:

Raidh Calasayud

Date: 4/24/00

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SEURETARY OF STATE
AND ANASSEE FIORIDA