

Registration Section

Division of Corporations

409 E. Gaines St.

Tallahassee, FL. 32399

850 487-6051

HJH

Dear Sir.

Please file this LLC in Florida per the attached forms.

Contact information for the Registered Agent at the offfice is:

Shannon Machtemes 1836 N Crystal Lake 8 Lakeland, FL. 33801 Phone: 863 510-0218

900004435289--7 -06/21/01--01060--003 ****130.00 ****130.00

I am living at: Casa Blanca, 14th Floor, Apt. 2 Sector Chipipi Salinas, Guyas, Ecuador 900004435289--7 -06/21/01--01060--004 ******30.00 ******30.00

I can be reached at the international phone number 011 593 995-3609.

I have enclosed a self addressed stamped envelope and a copy of the form. Please stamp the copy and return. I have also enclosed a check for \$130,00

\$100.00 for the Filing Fee

\$ 25.00 for the Designation of Registered Agent

\$ 5.00 for the Certificate of Status

Please call with any questions or problems.

Regards, Irline E. Gilbert

Arlene E. Gilbert 011 593 995-3609 011 593 477-2141 OI JUN 20 PM 4: 32 SECRETARY OF STATE ALLAHASSEE, FLORION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | |
|--|-----------------------------------|
| Horizon Exports International, LLC | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con 1836 N. Crystal Lake 8 Lakeland, FL 33801 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature | |
| | e: |
| The name and the Florida street address of the registered agent are: | |
| Shannon Machtemes 1836 N. Crysfal Lake 8 Florida street address (P.O. Box NOT acceptable) Lakeland FL 33801 City, State, and Zip | |
| Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, F | nt as sions of all vith and |
| Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company. | and is, |
| (An additional article must be added if an effective date is requested) | |
| Signature of a member or an authorized representative of a member. | TS O |
| (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.) | I JUN 20 ECRETARY LLAHASSE |
| Arlene E. Gilbert Typed or printed name of signee | RY OF |
| FILING FEES: \$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL) | 4: 32 STATE LORIDA |