

Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number

: (305)716-0346

LIMITED LIABILITY COMPANY

GUARACANA HOLDINGS LLC

. Morning C. Hardward Street, Commission of Commission	CONTRACTOR OF THE STATE OF THE
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:	d. 0
GUARACANA HOLDING		SECTION OF THE PROPERTY OF THE
6565 Las Plores D	reet address of the principal office of the Limited Liability Comparative. Boca Raton, Pl 33433.	3
ARTICLE III - Registere	d Agent, Registered Office, & Registered Agent's Signature:	7.11.0
The name and the Florida:	street address of the registered agent are:	
	PATRICIA M. SILVER	. 12
	2745 NW 82nd Avenue	
	Florida struct address (P.O. Box NOT acceptable)	
•	MIANI <u>FL 33122.</u>	
	City, State, and Zip	
liability company at the I	egistered agent and to accept service of process for the above stated place designated in this certificate, I hereby accept the appointment see to act in this capacity. I further agree to comply with the provision roper and I am familiar with the provision of the complete performance of my duties, and I am familiar with the provision as registered agent as provided for in Chapter 608, F.S.	ons of air Is and

Registered Agent's Signisture

Article IV - Management (Check box if applicable.)

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

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

Signature of a momber 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.)

Typed or printed name of signee

PRANCISCO SINTES 2745 NW 82nd Ave Miami, Fl 33122.

PATRICIA M. SILVER 2745 NW 82nd Ave Miami, F1 33122. Manager-director

MANAGER-DIRECTOR