L01000014491

ACCOUNT NO. : 072100000032

REFERENCE : 445319 121767A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 125.00

ORDER DATE : August 27, 2001

ORDER TIME : 10:02 AM

ORDER NO. : 445319-005

CUSTOMER NO: 121767A

200004557202--9

CUSTOMER: Ms. Heather Irving
Karp & Genauer, P.a.

Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

DOMESTIC FILING

NAME: HARAS LUISIANA USA, LLC

RECEIVED
01 AUG 27 AM 10:25
DIVISION OF CORPORATION

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS: 8-27

APPROVED AND FILED
01 AUG 27 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
HARAS LUISIANA USA, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Mendive & Associates, 250 Catalonia Ave., Suite 705, Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mendive & Associates, P.A. H06000169
Name
250 Catalonia Ave., Suite 705
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33134
City, State, and Zip

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..

MENDIVE & ASSOCIATES, P.A.
X By: _____
Registered Agent's Signature

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)

X _____
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.)

Armando G. Mendive, Authorized Representative
Typed or printed name of signee

APPROVED AND FILED
01 AUG 27 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)