

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

DESARROLLO EMPRESARIAL LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR

DESARROLLO EMPRESARIAL LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

DESARROLLO EMPRESARIAL LLC

ARTICLE II - ADDRESS:

The mailing address and street of the principal office of Limited Liability Company is:

80 S.W. 8th Street, Suite 2011 Miami, Florida 33130

ARTICLE III - DURATION:

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

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by a manager, or managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address(es) of such manager(s) who is/are:

80 S.W. 8th Street, Suite 2011 MARIA ALEJANDRA VILORIA Miami Beach, Florida 33160

This Instrument Prepared By: Alvaro Castillo B., Esq.

1390 Brickell Avenue, Suite 200

Miami, Florida 33131 H 01000095769

(305) 371-5540

Florida Bar No. 611761

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be by (i) unanimous resolution and consent of the remaining members under the same terms and conditions as set forth from time to time by the remaining members and by (ii) filing a supplemental affidavit of capital contributions with Department of State, State of Florida setting forth the actual contributions of all members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a membership of a member in the limited liability company shall be as set forth in a unanimous resolution and consent of the remaining members and in the event there are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability company shall be dissolved.

The UNDERSIGNED for the purpose of forming a Limited Liability Company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and Scertifying that the facts stated are true.

By: MARIA ALEJANDRA VILORIA	
STATE OF FLORIDA)
COUNTY OF DADE) SS:

BE IT REMEMBERED that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, MARIA ALEJANDRA VILORIA personally appeared to me known to be the person described in the foregoing Articles of Organization, and she acknowledged before me that she executed said Articles of Organization.

WITNESS my hand and seal in said State and County, this 400 day of September 2001.

NOTARY PUBLIC

COMMISSION EXPIRES:



01000095769 CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTER OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTER AGENT, THE STATE OF FLORIDA.

The name of the limited liability company is:

DESARROLLO EMPRESARIAL LLC

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

ALVARO CASTILLO B., P.A. 1390 Brickell Avenue Suite 200 Miami, Florida 33131 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER AGENT.

SIGNATURE DATE