Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

AMICON GROUP, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

AMICON GROUP, L.L.C.

ARTICLE I Name:

The name of the Limited Liability Corporation is:

AMICON GROUP, L.L.C.

ARTICLE II Address:

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

3440 Hollywood Blvd., Ste 360 Hollywood, FL 33021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida Street Address of the registered agent are:

> Leonardo A. Roth, Esq Roth, Rousso & Darrach, P.A. 3440 Hollywood Blvd., Ste 360 Hollywood, FL 33021

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 ascept the appointment as registered agent and agree to act in this capacity. I forther agree to comply with the provisions of all statistics 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 508, F.S.

Registered Agents's Signature

ARTICLE IV Management: (Chack box if applicable)

x The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

1. Fernando Bedos: Ste 360, 3440 Hollywood Blvd., Hollywood, FL 33021

2. Rafael Salas Mena Ste 360, 3440 Hollywood Blvd., Hollywood, FL 33021

Signature

In accordance with accilon 608.406 (3), Florida Statutes, the execution of this document constitutes an affirmation under the generalities of purjuey that the facts stated ligrain are true)

Typed or printed name of signee

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