

L0200 0008886

Florida Department of State
Division of Corporations
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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

02 APR 15 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
PCMT LLC

Certificate of Status	0
Certified Copy	1
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4-15-02

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PCMT LLC

ARTICLE II-Address:

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

**7730 SW 68 TR
MIAMI, FL 33143**

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

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

Ballestas and Associates, Inc.
Name

7730 S.W. 68 Terrace
Florida street address

Miami, Florida 33143
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, FS.

Adelle Ballestas, President, Ballestas and Associates, Inc.
Registered Agent's Signature

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Article IV - Members

The initial Limited Liability Company members shall be:

Emilio Andres Cohan, Director, Managing Member
Guillermo Federico Ghirardo, Director, Managing Member

Achilles Ballestas, authorized representative
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.)

ACHILLES BALLESTAS, AUTHORIZED REPRESENTATIVE
Typed or printed name of signer

STATE OF FLORIDA:

(S.S.):

COUNTY OF MIAMI-DADE:

BEFORE ME, the undersigned authority, personally appeared

ACHILLES BALLESTAS

To me well known and known to me to be the individuals described, and who executed the foregoing Articles of Organization, and Who acknowledged before me that the same was executed for the purposes therein expressed

IN WITNESS WHEREOF, I have hereunto affixed my hand and Official Seal at Miami, Miami-Dade County, Florida

Date: This 12th day of April 2007.

Dalia Torga
Notary Public, State of Florida at Large

My commission expires:



Dalia Torga
Commission # 00904801
Expires Feb. 27, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

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TALLAHASSEE, FLORIDA

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