

**LO2000010195**

**Florida Department of State**

Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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**02 APR 29 PM 12:29**

**DIVISION OF CORPORATIONS**

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TALLAHASSEE FLORIDA**

**02 APR 29 AM 10:27**

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**LIMITED LIABILITY COMPANY**

**BULLRICH U.S.A, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
BULLRICH U.S.A, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**BULLRICH U.S.A, LLC.**

**ARTICLE II - ADDRESS**

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

**100 NORTH BISCAYNE BLVD SUITE # 1407  
MIAMI, FL. 33132**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**FERNANDO DAMIAN MAZZONI**

Name

**100 NORTH BISCAYNE BLVD SUITE # 1407**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33132**

City, State, and Zip

YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

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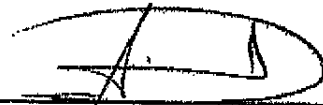
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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..



**REGISTERED AGENT'S SIGNATURE**

#### ARTICLE IV- MANAGEMENT

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 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.)

**FERNANDO DAMIAN MAZZONI**

Typed or printed name of signee

*H02 000 1115300*