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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone Fax Number

: (305)634-3694 : (305)633-9696

LIMITED LIABILITY COMPANY

HAISION OF COMPOSALION TERRA INTERNATIONAL BLUE SEAS MANAGEMENT, INC.

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Certificate of Status	O
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ARTICLES OF ORGANIZATION

FOR

TERRA INTERNATIONAL BLUE SEAS MANAGEMENT, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

TERRA INTERNATIONAL BLUE SEAS MANAGEMENT, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Pedro A. Martin, 1221 Brickell Avenue, Suite 2100, Miami, Florida 33131.

ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Pedro A. Martin

1221 Brickell Avenue, Sutie 2100

Miami, Florida 33131

Signature of authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is: TERRA INTERNATIONAL BLUE SEAS MANAGEMENT, LLC
- The name and the Florida street address of the registered agent are:

PEDRO A MARTIN NAME

1221 Brickell Avenue, Suite 2100 <u>Mismi, Florida 33131</u> Florida street address (P.O. BOX <u>NOT ACCEPTABLE</u>)

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.

SIGNATURE

SECREGARY OF STATE MILAHASSEE, FLORIDA

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