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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  
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RECEIVED  
02 JUN 12 AM 11:59  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

iberoamericana, llc

02 JUN 12 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**IBEROAMERICANA, LLC**

**ARTICLE II - Address:**

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

**999 PONCE DE LEON BLVD., #1045  
CORAL GABLES, FL 33134**

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

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

**VICTOR FLEISCHMAN**

Name

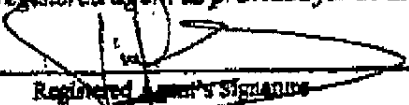
**999 PONCE DE LEON BLVD., #1045**

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

**CORAL GABLES FL 33134**

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, F.S.*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

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 its 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.)

**VICTOR FLEISCHMAN**

Typed or printed name of signor

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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