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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A I A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (305)674-3313

Fax Number : (305) 674-3359

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LIMITED LIABILITY COMPANY

SOUCROSS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	702-3
Estimated Charge	\$125.00

-https://ccfssl.dos.state.fl.us/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE | NAME

The name of the Limited Liability Company is: SOUCROSS, LLC

ARTICLE II ADDRESS

The melling address and street address of the principal office of the Limited Liability Company is: 1221 BRICKELL AVE. SUITE 900

MIAMI, FL 33131

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REIGSTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

25 SE 2ND AVE, SUITE 1036

MIAMI, FL 33131

Having been named as registered agent 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..

PAOL SHITH, VICE-TRESURENT

3 HAR 28 PM 3: 19 SECRETARY AF STATE FALLANASSEE, FLORIDA

Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore a, member – managed company.

ARTICLE V MEMBERS (optional)

Managing Member: NICHOLAS SILVESTROFF SOLIS 1060 HURLINGAHAM BUENOS AIRES 1686 AR

Managing Member:

VICTORIA MARCELINA HEKER SOLIS 1060 HURLINGAHAM BUENOS AIRES 1686 AR

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FROM : N SILVESTROFF GRND HANDLING

PHONE NO. : +480 03332

Mar. 28 2003 81:28PM P02

PAGE 2 SOUCROSS, LLC

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Signature of a member or an authorized representative of a member.

(in accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the parallics of penjury that the facts stated herein are true.

NICHOLAS SILVESTROFF
Typed or printed name of signee

FILED

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SECRETY & CAP STATE
SECRETY & CAP FLORIDA

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