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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 : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)495-9300
Fax Number : (305)485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

METEORO, LLC.

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
METEORO, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

METEORO, LLC.

ARTICLE II - ADDRESS

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

**600 BRICKELL AVE SUITE # 300 Z
MIAMI, FL. 33131**

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

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

FERNANDO MAZZONI
Name

600 BRICKELL AVE SUITE # 300 Z
Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33131
City, State, and Zip

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

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AND
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CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
FLORIDA

1103 0002 77 2348.

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.

FERNANDO MASCARENHAS
600 BRICKELL AVE SUITE # 300 Z
MIAMI, FL. 33131

MANAGER

CLAUDIA MASCARENHAS
600 BRICKELL AVE SUITE # 300 Z
MIAMI, FL. 33131

MANAGER

(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 MAZZONI
Typed or printed name of signee

1103 0002 77 2348.

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