Division of Corporations

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(((H03000315938 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Phone

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

EXPORT INTIMA, LLC

Certificate of Status	O
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filips, Menu.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 12, 2003

EMPIRE

SUBJECT: EXPORT INTIMA, L.L.C.

REF: W03000033546

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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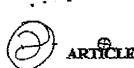
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley Document Specialist FAX Aud. #: H03000315938 Letter Number: 303A00061556 03 NOV 13 AM 9: 00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Names

The name of the Limited Liability Company is:

EXPORT INTIMA, LLC

ARTICLE II - Address:

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

800 Claughton Island Drive, #1801, Miami, FL 33131

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

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

Article IV - Management (Check box if applicable.)

Felipe Delgado	_	
Name		
800 Claughton Island Drive #1801 Mia.	Fl.	3313
Florida street address (P.O. Box NOT acceptable)		
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 618, F.S.

1015 Felipp Delpado C-

therefore, a manager - managed company.	
e st	
(An additional article must be added if an effective date is request	d)
Jama A. Quiron	

(in accordance with section 602.403(3), Flurida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the fact stated berein are true.)

DIANA QUIROZ,

Typed or printed memo of signee

FILING FEES:
S 100.00 Filing Fas for Articles of Organization
S 25.00 Designation of Registered Agent
S 30.00 Certified Capy (OPTIONAL)

IMPONTANCIANO