

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone : (305)674-3313

: {305}675-2811 Fax Number

LIMITED LIABILITY COMPANY

PENAPRO Peruvian Native Products LLC

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

In compliance with Chapter 608,F.S.

ARTICLE 1: NAME

The name of the Limited Liability Company is:

PENAPRO Peruvian Native Products LLC

ARTICLE II: Address

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

1071 NW 85 Av. Plantation, Florida 33322

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are: Maritza Laguna 1071 NW 85 Av. Plantation, Florida 33322

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.

Maritza Laguna / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

Member: Francisco N. Lavado 1192 Aurelio García Cercado , Lima 00001

Member: Maritza Laguna 1071 NW 85 Av. Pl antation , Florida 33322

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.)

Maritza Laguna
Typed or printed name of signee

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SECRETARY OF STATE

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