Florida Department of State

Division of Corporations Public Access System

2004 JUN 11 A 11: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

: (305)444-4994

Fax Number

: (305)444-4977

LIMITED LIABILITY COMPANY

INVERSIONES C.Z., LLC.

Certificate of Status Certified Copy Page Count 03

\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES C.Z., LLC.

ARTICLE II - Address:

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

6856 NW 52 ST MIAMI, FL 33166

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

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

LUIS ZAPATA
Name
8956 NW 52 ST
Florida street address (P.O. Box NOT acceptable)
MIAMI, FL 33166
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

LUIS ZAPATA

Typed or printed name of signee

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ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing or Member is as follows:

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Title:

Name and Address:

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DIRECTOR

LUIS ZAPATA

SECRETARY OF STATE TALLAHASSEE, FLORIDA

6955 NW 52 ST MIAMI, FL 33166

DIRECTOR

CARLOS ZAPATA

6955 NW 52 ST MIAMI, FL 33186

(Use attachment if necessary)

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

LUIS ZAPATA

Typed or printed name of signee