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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CASTILFORTI LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: Name:

The name of the Limited Liability Company is:

CASTILFORTI LLC

ARTICLE II: Address:

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

144 Chilean Ave., Palm Beach, FL 33480

ARTICLE III: Registered Agent, Registered Office & Registered Agent's signature:

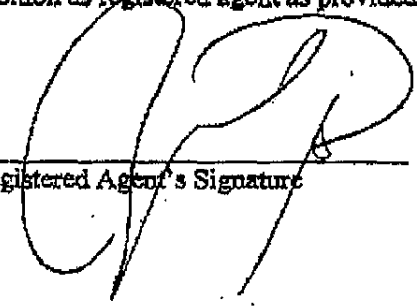
The name and address of the registered agent is: Miguel A. Martin, at 848 Brickell Avenue, Suite 830, Miami, Florida 33131.

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 appointments 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.

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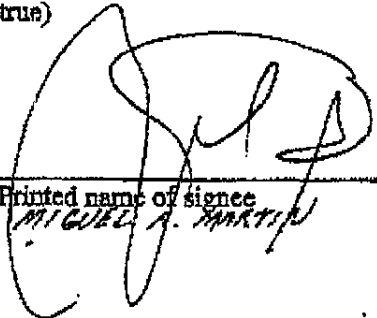
Registered Agent's Signature

ARTICLE IV: Management:

The Limited Liability Company is to be managed by one manager and is, therefore, a manager-managed company. The name of the Manager is:

JOSE MARIA IZQUIERDO

(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)


Printed name of signee
MIGUEL A. MARTIN

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