Florida Department of State

Division of Corporations Public Access System

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To:

Division of Obsporations Fax Number : (850)205-0363

Account Name : FRS-T CORF. AGENTS. INC. Account Number : 071001008335
Phone : (305)599-0839
Fax Number : (305)716-0346

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IVISION OF CORPORATION

LIMITED LIABILITY COMPANY

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF Ferso LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

Ferso LLC

ARTICLE II - ADDRESS

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

10441 SW 20 Street Mami, FL 33155

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Lillan Sosa-Fernandez 10441 SW 20 Street Miami, FL 33155

Having been named as registered agent and to eccept service of process for the above named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this full 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

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ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Lillian Sosa-Fernandez 10441 SW 20 Street Miami, FL 33155

Gustavo F. Fernandez 10441 SW 20 Street Miami, FL 33156

Signature of a member or an authorized representative of amember.

(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.)

Lillian Sosa-Fernandez
Typed or printed name of signee