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Florida Department of State

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To:

Division of Corporations

Fax Number :

: (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

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LIMITED LIABILITY COMPANY

TECLAR EQUIPMENT INTERNATIONAL, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

TECLAR EQUIPMENT INTERNATIONAL, LLC

ARTICLE I

The name of the Limited Liability Company shall: TECLAR EQUIPMENT INTERNATIONAL, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 2330 NW 102nd AVENUE-BAY 2, DORAL, FL 33172

ARTICLE IV

The name of the Manager(s) of this company shall be:

Manager

VANIR NOGUEIRA

2330 NW 102nd AVENUE-BAY 2, DORAL, FL 33172

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A. 10520 NW 26th STREET, SUITE C201, DORAL, FL 33172

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

TECLAR EQUIPMENT INTERNATIONAL, LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

cabanas & associates, p.a.

//Registered Agent

Signature of a Member or an Authorized Representative of a Member

(In accordance with Section 608.408(3), Florida Statules, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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