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**LIMITED LIABILITY COMPANY**

**JELUZ USA LLC**

Certificate of Status	0
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FAX AUDIT # #050002716653

**ARTICLES OF ORGANIZATION  
OF  
JELUZ USA LLC**

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**ARTICLE I NAME**

The name of the limited liability company shall be: **JELUZ USA LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 1032 Washington St, Hollywood, Florida 33019.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Louis Terminello, 2700 SW 37 Ave, Miami, Florida 33133. Located in the County of Dade.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2045.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Oscar Montalvo, 1032 Washington St, Hollywood, Florida 33019

  
Business Filings Incorporated, Organizer  
Mark Schiff, AVP  
Authorized Representative  
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,  
Madison, WI 53717  
(608) 827-5300

FAX AUDIT # #050002716653

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CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of the limited liability company is: **JELUZ USA LLC**

The name and address of the registered agent and office is Louis Terminello, 2700 SW 37 Ave, Miami, Florida 33133. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

  
Louis Terminello

Date: November 14, 2005

FAX AUDIT # 1050002714653