

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

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

LIMITED LIABILITY COMPANY

improvial north america, l.l.c.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

IMPROVIAL NORTH AMERICA, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: IMPROVIAL NORTH AMERICA, L.L.C.

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:1111 BRICKELL AVENUE 11TH FLOOR, SUITE 1117, MIAMI, FL 33131.

ARTICLE IV

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

Managing Members IMPROVIAL CA.

CALLE 74 ENTRE Avs 17 & 18 QTA MACARENA NO. 17-63 MARACAIBO, VENEZUELA

ARTICLE V

The name and the Florida street address of the registered agent:IBRAHIM C. GHANTOUS, 420 SOUTH DIXIE HWY. # 2-C, CORAL GABLES, FL 33146.

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

(Name of Company)

Having been named 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.

Registered Agent

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.)

Typed or printed name of signee

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