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E F F e c t i v e D a t e , J a n u a r y 4 , 2 0 0 6

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

EFFECTIVE DATE

1-4-06

From: Account Name : DOMINGO ALONSO C.P.A.
Account Number : I20020000031
Phone : (305) 448-3898
Fax Number : (305) 443-9073

LIMITED LIABILITY COMPANY

SAT-LATINA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
05 DEC 27 AM 10:48
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
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SECRETARY OF STATE

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E F F e c t i v e D a t e J a n u a r y 4 , 2 0 0 6

EFFECTIVE DATE1-4-06**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SAT-LATINA, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:ESCUADRON 201 No. 43-13
COLONIA CRISTO REY
01150 MEXICO D.F., MEXICO**Mailing Address:**300 SEVILLA AVENUE SUITE 201
CORAL GABLES,
FLORIDA 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALONSO & GARCIA, PA

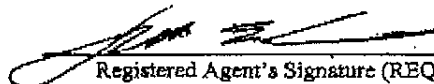
Name

300 SEVILLA AVENUE SUITE 201Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33134

City, State, and Zip

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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 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

BRUNO CALDERON

ESCUADRON 201 No. 43-13 COLONIA CRISTO REY

01150 MEXICO D.F., MEXICO

MGR

CARMEN ROMERO ACOSTA

ESCUADRON 201 No. 47-13 COLONIA CRISTO REY

01150 MEXICO D.F., MEXICO

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 4, 2008 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

BRUNO CALDERON

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA