

Florida Department of State

Division of Corporations Public Access System

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'Co:

Division of Corporations

Fax Number : (850)205-0383

Account Name : FAS-T CORP. AGENTS, INC:

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MONASTERIO CONCEPCIONISTA LLC

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RTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANYST
ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
MONASTERIO CONCEPCIONISTA LI	LC
Must end with the words "Limited Liability Comp	sary, "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:	Mailing Address:
100 SW 112TH COURT	7100 SW 112TH COURT
/IAMI, FL 33173	MIAMI, FL 33173
DOUGH PIER Destate d Lean D	

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:

WALTER	E. TITO
	Name
7100 SW	112TH COURT
	Florida street address (P.O. Box NOT acceptable)
MIAMI	FL 33173MG
	City, State, and Zip

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

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	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGRM	WALTER E. TITO
		7100 SW 112TH COURT
		MIAMI, FL 33173
	MGR	VICTOR L. RUBIN DE CELIS ROJAS
		CALLE 4 #23 EL PORVENIR-ACHUMANI
		LA PAZ, BOLIVIA
	•	
(If an	(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)	the date of filing: JUNE 1, 2006 . (OPTIONAL st be specific and cannot be more than five business days
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(If an	CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a med of this document of this document of this document of the comment of the commen	st be specific and cannot be more than five business days