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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

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

öFÉORIDA/FOREIGN LIMITED LIABILITY CO.

aera, llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

AERA, LLC

ARTICLE I

The name of the Limited Liability Company shall: AERA, 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 ted Liability Company is: 9737 NW 41ST STREET, #615, MIAMILES Limited Liability Company is: 9737 NW 41st STREET, #615, MIAMI, 33178-2924.

ARTICLE IV

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26TH STREET, SUITE C 201, DORAL, FL 33172.

ARTICLE V

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

MANAGING MEMBER

EUGENIO GARCELL CHEDIAK

ANKE B. TIEMANN

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

AERA, LI.C

(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.

JOSEPH F. CABANAS 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 Statutes, 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

TOTAL P.03