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Division of Corporations

BERRIZ & GIRALDO

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BUCARELLI, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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DIVISION OF CORPORATION

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106 000 173 6833.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**OF**

**BUCARELLI, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**BUCARELLI, LLC.**

**ARTICLE II - ADDRESS**

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

**600 BRICKELL AVE SUITE 503  
MIAMI, FL. 33131**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**FERNANDO MAZZONI**

**600 BRICKELL AVE SUITE 503**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33131**

City, State, and Zip

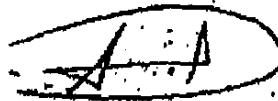
**BERRIZ & GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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TALLAHASSEE, FLORIDA

NO6 000 173 683 3

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**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

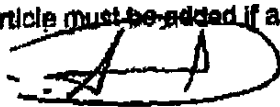
**MARTA BEATRIZ JAJAM**  
600 BRICKELL AVE SUITE 503  
MIAMI, FL. 33131

**MANAGER**

**GABRIEL MARCELO ISERSKI**  
600 BRICKELL AVE SUITE 503  
MIAMI, FL. 33131

**MANAGER**

(An additional article must be added if an effective date is requested)



**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.)

**FERNANDO MAZZONI**

Typed or printed name of signee

NO6 000 173 683 3