## LOWOD 77983

|                         | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ke                     | questors ivame)   |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         |                   |             |
| (Ad                     | dress)            |             |
|                         | •                 |             |
| (Cit                    | y/State/Zip/Phone |             |
|                         |                   |             |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| <del></del>             | <del></del>       |             |
|                         |                   | ,           |
| (Bu                     | siness Entity Nar | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
|                         |                   |             |
| Certified Copies        | _ Certificates    | s of Status |
|                         |                   |             |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
| ,                       |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         | <u>-</u>          |             |

Office Use Only



100078189571

08/07/06--01039--011 \*\*130.00

OG AUG -7 PM 1:56

7(

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N                    |                                                                                    |                       |                                                                                                                                          |                                  |                              |                    |
|----------------------------------|------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------|--------------------|
| The name of the                  | ELimited Liability Compa                                                           | iny is:               |                                                                                                                                          |                                  |                              |                    |
| Competitive Text                 |                                                                                    | , "Limited            | Company" or their abbreviation "LLC                                                                                                      | ;" or "L.C.,"                    | `)                           |                    |
| ARTICLE II -                     |                                                                                    |                       |                                                                                                                                          |                                  | _                            |                    |
| The mailing add                  | lress and street address of                                                        | the pri               | ncipal office of the Limited L                                                                                                           | iability C                       | Compa                        | my is:             |
| Principal Offic                  | e Address:                                                                         |                       | <b>Mailing Address:</b>                                                                                                                  |                                  |                              |                    |
| 8377 NW 68 Street                | İ                                                                                  |                       |                                                                                                                                          |                                  |                              |                    |
| Miami, FL 33166                  |                                                                                    | -<br>-                |                                                                                                                                          |                                  | _                            |                    |
|                                  |                                                                                    | _                     |                                                                                                                                          |                                  | _                            |                    |
| ·                                | an active Florida registration.) he Florida street address of Carlos Fernando Mano |                       | gistered agent are:                                                                                                                      |                                  |                              |                    |
|                                  |                                                                                    | Name                  |                                                                                                                                          | ĪΑŢ<br>SI                        | 9                            |                    |
|                                  | 8377 NW 68 Street                                                                  |                       |                                                                                                                                          | LA.                              | § <b>A</b> L                 |                    |
|                                  | Florida st                                                                         | reet addr             | ess (P.O. Box NOT acceptable)                                                                                                            | HAS                              | <u>ا</u>                     | CHARLES<br>CHARLES |
|                                  | Miami, FL 33166                                                                    |                       | FL                                                                                                                                       | RY I                             | 7                            | ₹<br>8~27          |
|                                  | City.                                                                              | State, ar             | id Zip                                                                                                                                   | 고                                | 3                            | 1 2 1              |
| liability com<br>registered agen | ipany at the place designai<br>it and agree to act in this c                       | ted in th<br>apacity. | ccept service of process for the<br>is certificate, I hereby accept t<br>I further agree to comply wit<br>formance of my duties, and I a | he a <b>ppoi</b> n<br>h the prov | itr <b>ice</b> it<br>visions | t as<br>s of al    |
| accept the c                     | Registered Avent's                                                                 | is regist             | ered agent as provided for in (                                                                                                          | Thapter 6                        | 08, F.                       | S                  |

(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:

| Carlos Fernando Mancilla 8377 NW 68 Street Miami, FL 33166  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                 | Use attachment if necessary)  LE V: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid                             |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | Use attachment if necessary)  LE V: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | Use attachment if necessary)  LE V: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:                                                                                                                                                             | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business dates after the date of filing.)                                                           | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business dates after the date of filing.)                                                           | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business dates after the date of filing.)                                                           | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business dates after the date of filing.)                                                           | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
| LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business dates after the date of filing.)                                                           | EV: Effective date, if other than the date of filing:ective date is listed, the date must be specific and cannot lays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member or an authorized rep  (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                 |                                       |
|                                                                                                                                                                                                                                                    | (In accordance with section 608.408(3), Florida of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                                                                                                                                                                                                                                    | five business d                       |
|                                                                                                                                                                                                                                                    | of this document constitutes an affirmation und that the facts stated herein are true.)  Juan Jose Massis Zaid  Typed or printed name of s                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · · |
|                                                                                                                                                                                                                                                    | Typed or printed name of s                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                               | eution<br>perjury                     |
| (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.)  Juan Jose Massis Zaid                                  | Filing Fees:                                                                                                                                                                                                                                                                                                                                                                                                                                  | perjury                               |
| (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.)  Juan Jose Massis Zaid                                  | # 11116 1 CC74                                                                                                                                                                                                                                                                                                                                                                                                                                | perjury                               |
| (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.)  Juan Jose Massis Zaid  Typed or printed name of signee |                                                                                                                                                                                                                                                                                                                                                                                                                                               | perjury ===                           |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)