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SECRETARY OF STATE TALL AHASSEE, FLORIDA

COVER LETTER

-	istration Se ision of Co			
SUBJECT:	Mu	yDigital Store LLC		
	(Name of Limited Liability Company)			
The enclosed	Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return	all corresp	ondence concerning this matte	er to the following:	
	Louis N	1. Hillman-Waller		
		0	Name of Person)	
	Zamora,	Hillman & Veres		
,,,		(Firm/Company)	
	3006 Av	riation Ave. PH 4C		
			(Address)	
C	oconut	Grove, Florida 3313	3	
	<u> </u>	(City	/State and Zip Code)	
For further in	nformation	concerning this matter, please	call:	
Louis M	H:11m	an-Waller	205 205 00	0.5
HOULS II		of Person)	at (305) 285-025 (Area Code & Daytime To	85 elephone Number)
Enclosed is	a check fo	or the following amount:		
□ \$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	X \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabili	ity Company is:		
MuyDigital Store LI Must end with the words "Limited Liabili	C ty Company, "Limited Company" o	or their abbreviation "LLC,	" or "L.C.,")
ARTICLE II - Address: The mailing address and street a			
Principal Office Address:	Mailing A		
3006 Aviation Ave.	Sa	ате	
PH 4C Coconut Grove, FL 3313	3		
The name and the Florida street Louis M	. Hillman-Waller	gent are:	
	Name		
_ 3006 Av	iation Ave. PH 4C		
	Florida street address (P.O. Bo	x NOT acceptable)	
Coconut	Grove FL 331. City, State, and Zip	33	
Having been named as register liability company at the plac registered agent and agree to ac statutes relating to the proper accept the obligations of my	ed agent and to accept service e designated in this certifica ct in this capacity. I further to and complete, performance o	te, I hereby accept th agree to comply with of my duties, and I an	ne appointment as n the provisions of all n familiar with and
Registe	red Agent's Signature (REQUIR	ED)	2007 MAY 18 A SECRETARY O TALLAHASSEE
	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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managir	Name and Address: g Member
MGR14	Leonardo Brito Rodriguez Calle Milan Edificio # 5 p.b. Los Ruices Sur Caracas, Venezuela
MGR	Jose Luis Ferrer Tellez † 3ra Avenida de las Delicias Edificio del Cabo Sabana Grande, Caraças, Venezuela
g.P.	
, contrast or shift or specifying the mask of a California administration of	
(Use attachment if market it is a second of the ARTICLE V: Effective date is listed, or 90 days after the date of	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior
<u>required</u> sign	ATURE:
Sig	nature of a member or an authorized representative of a member.
of	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury out the facts stated herein are true.)
	Leonardo Brito Rodriguez Typed or printed name of signee
Fling Fees:	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
5 24.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

THAY IS AHII: 4