L07000/28206

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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12/28/07--01023--017 **125.00

Effective Date 01/01/08

SECRETARY OF SATION DIVISION OF CORPORATION

COVER LETTER

1	TO: Registration Section Division of Corporations				
L	SUBJECT: TerraWiZ LLC (Name of Limited Liability Company)				
	The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	Rodrigo Salgado (Nampor Person)				
	TerraWiz, LLC (Firm/Company)				
	18671 Collins Ave., unit 1003				
	Sunny Isles Beach, FL 3310 (City/State and Zip Code)	60			
	For further information concerning this matter, please call:				
	Monica Prezzi at (305) 546 8271 (Name of Person) (Area Code & Daytime Telephone Number)				
	Enclosed is a check for the following amount:				
1	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Effective Date 01/01/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
TerraWiz LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "I	LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the L	imited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	(same)	
18671 Collins Ave., unit 100 Junny Isles Beach, FL 331	3		_
ounny Isles Beach, FL 331	.60		_
		_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registere ered Agent. You must design	d Agent's Signatu nate an individual or anot	re: ther
The name and the Florida street address of the re	-		
Rodrigo So Name	algado		
18671 colu	ns Ave.	unit La	003
•	ress (P.O. Box <u>NOT</u> acce		
Sunny Isles Bead City, State, a	FL 331 ind Zip	60	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	his certificate, I hereby y. I further agree to co rformance of my dutie	y accept the appoin omply with the prov s, and I am familian	tment as isions of all r with and
Registered Agent's Signat	ure (REQUIRED)		SECRETARY CONTROL OF COR

(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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
<u>Kodrigo</u> Salgado	MGRM 18671 Colluns ave. Unit Loo3 Sunny Islas Beach FL 33160
Monica Prezzi	MGR'M 18671 Collins Ave. Unit 100 Sunny Isles Beach FL 33160
(Use attachment if necessary)	
	e date of filing: OL/OL/OB. (OPTIONAL) De specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)