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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

Effective Date

01/17/08

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## GILMAR INTERNATIONAL L.L.C.

Certificate of Status	0
Certified Copy	1
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Effective Date

01/17/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GILMAR INTERNATIONAL L.L.C.**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

Principal Office Address:

8195 NW 68 ST

DORAL, FL 33166

Mailing Address:

8195 NW 68 ST

DORAL, FL 33166

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**CESAR AUGUSTO DUQUE**

Name

**6234 SW 139 CT**

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

**MIAMI, FL 33183**

FL

City, State, and Zip

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 Signature (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GUILLERMO ALBERTO OJEDA OSTOS

7210 NW 114 AVE. APT# 100

MIAMI, FL 33178

MGRM

CESAR AUGUSTO DUQUE

6234 SW 139 CT.

MIAMI, FL 33183

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01-17-08 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

GUILLERMO ALBERTO OJEDA OSTOS

Typed or printed name of signee

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