080000353557 htts://documents/efilcovr.exe Division of Corporat

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000090050 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

lectronic Filing Menu

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

grupo de bodo, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Corporate Filing Menu

Help

APR - 9 2008

TIN AND EXAMINER 3026339696 4/8/2008 3:09 PM

H08000090050

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

GRUPO DE BODO, LLC.

ARTICLE I

The name of the Limited Liability Company shall be: GRUPO DE BODO, LLC.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 9100 S. DADELAND BLVD., STE., #400, MIAMI, FL 33156

ARTICLE IV

The name and the Florida street address of the registered agent: ROBERT C. MALAND, 9100 S. DADELAND BLVD., STE., #400, MIAMI, FL 33156

ARTICLE V
The name of the Managing Member(s) shall be:

ROBERT MALAND FREDRIC J. WITKIN JORGE CENTURION STUART GITLITZ SECRETARY OF STATE DIVISION OF CORPORATIONS

H08000090050

H0800009005D

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Robert C. MALAND

(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.)

ROBERT C. MALAND

Typed or printed name of signee

H080000000050