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Florida Department of State
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

peruvian american investments, llc

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Peruvian American Investments, LLC

ARTICLE I

The name of this Limited Liability Company is: Peruvian American Investments, LLC

ARTICLE II

This Limited Liability Company shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The mailing address and principal place of business of this Limited Liability Company is: 5306 N.W. 197th Terrace, Miami, FL 33055

ARTICLE IV

The general nature of business of this Limited Liability Company is to transact any and all lawful business.

ARTICLE V

The name and street address of the initial Registered Agent of this Limited Liability Company shall be:

Carlos E Guzman
5306 N.W. 197th Terrace
Miami, FL 33055

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ARTICLE VI

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

- | | | |
|----|-------------------------|-------------------------------------|
| 1. | <u>Carlos E. Guzman</u> | 5306 N.W. 197 th Terrace |
| | Managing Member | Miami, FL 33055 |
| 2. | Orlando Loli | 3384 N.E. 167 th Street |
| | Managing Member | North Miami Beach, FL, 33160 |

(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.)

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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..

Signature:


Registered Agent

REGISTERED AGENT NAME:
ADDRESS:
CITY OF: MIAMI

CARLOS E GUZMAN
5306 N.W. 197TH TERRACE
COUNTY OF: MIAMI-DADE

STATE OF:

FLORIDA

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TALLAHASSEE, FLORIDA

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