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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

MAY 12 2008

From:

Account Name : BERRIZ & GIRALDO P.A. EXAMINER Account Number : 119990000017

Phone : (305) 485-9300

Fax Number : (305)485-1098

SIBO, LLC.

RIDA/FOREIGN LIMITED LIABILITY

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

H08000125-1053

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

SIBO, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

3054851098

SIBO, LLC.

ARTICLE II - ADDRESS

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

2241 N. SHERMAN CIR APT # 511 MIRAMAR, FL. 33025

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

JUAN B. RIVERO

2241 N. SHERMAN CIR APT # 511

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

MIRAMAR, FL. 33025 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 Hor 000 125705 3

2008 HAY -9 AH 7: 47 SECRETARY OF STATE Hos 0001257053

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'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JUAN B. RIVERO 2241 N. SHERMAN CIR APT # 511 MIRAMAR, FL. 33025 **MANAGER**

ILSEN R. OROZCO 2241 N. SHERMAN CIR APT # 511 MIRAMAR, FL, 33025

MANAGER

(An additional article must be added if an effective date is requested)

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.)

JUAN B. RIVERO
Typed or printed name of signee

BHAY -9 AM 7: 47
CRETARY OF STATE
ANASSEE FLORIDA