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To:

Division of Corporations
Fax Number : (850) 617-6383**L. SELLERS**

NOV 10 2008

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071601002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**EXAMINER****FLORIDA/FOREIGN LIMITED LIABILITY CO.****I-CARGO USA, LLC.**

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
I-CARGO USA, LLC.**

**ARTICLE I
NAME**

The name of the Limited Liability Company is I-CARGO USA, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the I-CARGO USA, LLC. is 10300 NW 19 Street, Suite 104, Miami, Florida 33172.

**ARTICLE III
DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

**ARTICLE V
REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

MANUEL SIMON
10300 NW 19 Street, Suite 104
MIAMI, FLORIDA 33172

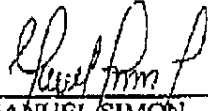
Having been named to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree

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to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.



MANUEL SIMON
REGISTERED AGENT

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the names and addresses of the Managing Members are:

MANUEL SIMON


10300 NW 19 Street, Suite 104
MIAMI, FLORIDA 33172

MARIELA GONZALEZ

10300 NW 19 Street, Suite 104
MIAMI, FLORIDA 33172

ARTICLE VII
EFFECTIVE DATE

The effective date for this Limited Liability Company shall be NOV. 7, 2008



MANUEL SIMON
MEMBER

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

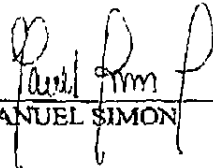
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is LOTO, LLC.

The name and address of the Registered Agent and office is:

MANUEL SIMON
10300 NW 19 Street, Suite 104
MIAMI, FLORIDA 33172

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 many duties, and I
am familiar with and accept the obligations of my positions as Registered
Agent.



MANUEL SIMON

NOV. 7, 2008.

DATE

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