

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**VIKO INVESTMENTS, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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C. LEWIS

DEC 08 2008

EXAMINER

2008 DEC -5 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

108 000 267 7993

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

VIKO INVESTMENTS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

VIKO INVESTMENTS, LLC.

ARTICLE II - ADDRESS

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

**16610 SW 70 ST
MIAMI, FL. 33193**

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

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

LUIS A. LERMA

16610 SW 70 ST

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

MIAMI, FL. 33193

City, State, and Zip

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

108 000 267 7993

H08 000 267 7993.

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.

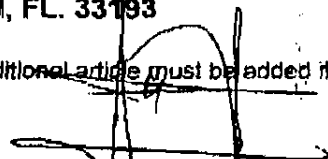
LUIS A. LERMA
16610 SW 70 ST
MIAMI, FL. 33193

MANAGER

LADY J. POSADA
16610 SW 70 ST
MIAMI, FL. 33193

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.)

LUIS A. LERMA
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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