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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 : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

*2nd REQUEST***FLORIDA/FOREIGN LIMITED LIABILITY CO****SB INVESTMENTS SBI LLC****A. LUNT**

APR 22 2009

EXAMINED

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:
SB INVESTMENTS SBI LLC

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

ARTICLE II- Address:

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

Principal Office Address:

3300 W Rolling Hills Circle Unit 109
Davie - Florida, 33328

Mailing Address:

3300 W Rolling Hills Circle Unit 109
Davie - Florida, 33328

ARTICLE III- Manager(s) or Managing Member(s):

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

Title

Name and Address:

Manager

Jairo Olarte
Carrera 49 # 94 - 55
Bogotá Colombia South América

Manager

Hernando Fonseca
Carrera 49 # 94 - 55
Bogotá Colombia South América

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ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:

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

SAMUEL HUERTAS

Name

3300 W Rolling Hills Circle Unit 109

Florida Street Address

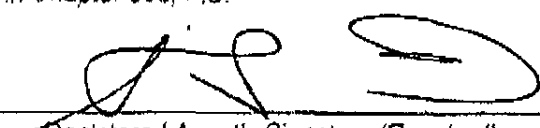
Davie, Florida, 33328

City, State, and Zip

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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 certificated, 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 (Required)

ARTICLE V: Effective date, if other than the date of filing: _____ (optional)

SIGNATURE: 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Jorge Hernando Fonseca O.

Type or printed name of signee.