

**L09000068041**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  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## GLOBAL EXCHANGE &amp; CO., LLC.

Certificate of Status	0
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**G. MCLEOD**

JUL 15 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL EXCHANGE & Co., LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8300 NW 53RD STREET

8300 NW 53RD STREET

SUITE 350

SUITE 350

MIAMI, FL 33166

MIAMI, FL 33166

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CLAUDINETTE RUIZ

Name

8300 NW 53RD STREET SUITE 350

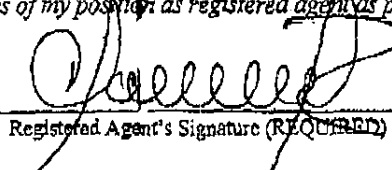
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33166

FL

City, State, and Zip

*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 (REQUIRED)

(( CONTINUED ))

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

CLAUDINETTE RUIZ

8300 NW 53RD STREET SUITE 350

MIAMI, FL 33186

MGRM

PEDRO P. VILLA

8300 NW 53RD STREET SUITE 350

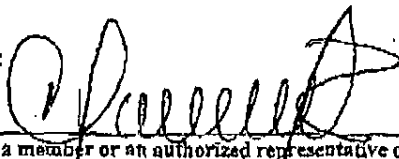
MIAMI, FL 33166

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/14/2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

CLAUDINETTE RUIZ

Typed or printed name of signer