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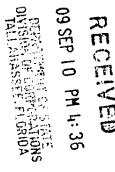
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| PICK-UP WAIT MAIL                       |
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| (Cashioto Zina, Mario)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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**EXAMINER** 

| CORPDIRECT AGEN<br>515 EAST PARK AVI<br>TALLAHASSEE, FL<br>222-1173                                            | ENUE              | merly CCRS)                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |
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| FILING COVER S<br>ACCT. #FCA-14                                                                                | SHEET             |                                                                                         | SES ON PERSON OF THE PERSON OF |     |  |
| CONTACT:                                                                                                       | ASHLEY SN         | <u> 11TH</u>                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | と記録 |  |
| DATE:                                                                                                          | <u>09-10-2009</u> |                                                                                         | 9. 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5   |  |
| REF. #:                                                                                                        | 000661.1106       | 92                                                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |  |
| CORP. NAME:                                                                                                    | TERRA WO          | RLD TRADE LLC                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |
| ( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC ( ) REINSTATEMENT ( ) CERTIFICATE OF C. ( ) OTHER: | CATION            | ( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER | ( ) ARTICLES OF DISSOLUTION ( ) FICTITIOUS NAME  (XX) LIMITED LIABILITY ( ) WITHDRAWAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |  |
|                                                                                                                |                   | TH CHECK# 53170°                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |
| AUTHORIZATIO                                                                                                   | ON FOR AC         | CCOUNT IF TO BE DEBIT                                                                   | ED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |  |
|                                                                                                                | COST LIMIT: \$    |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |  |
| PLEASE RETUR (XX) CERTIFIED COP ( ) CERTIFICATE OF                                                             | Y_                | ( ) CERTIFICATE OF GOOD STA                                                             | NDING ( ) PLAIN STAMPED CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | )PY |  |

Examiner's Initials

## ARTICLES OF ORGANIZATION OF

## TERRA WORLD TRADE LLC

The undersigned, an authorized natural person, for the purpose of forming a Limited Liability Company, under the provisions and subject to the requirements of Chapter 608, Florida Statutes, hereby certifies that:

- 1. The name of the Limited Liability Company is TERRA WORLD TRADE LLC
- 2. The mailing address and street address of the principal office of the Limited Liability

Company is:

200 East Las Olas Blvd.

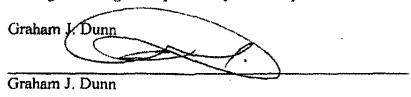
**Suite 2050** 

Fort Lauderdale, FL 33301

**Broward County** 

3. The name and Florida street address of the Registered Agent and Registered Office are: Graham Dunn, 200 East Las Olas Blvd., Suite 2050, Fort Lauderdale, FL 33301

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.



4. The names and addresses of the initial Member and Managers are as follows:

| Name:<br>Juan Andrés Hinestrosa | Address:<br>200 East Las Olas Blvd.<br>Suite 2050<br>Fort Lauderdale, FL 33301 | Title:<br>Member |
|---------------------------------|--------------------------------------------------------------------------------|------------------|
| Juan Andrés Hinestrosa          | 200 East Las Olas Blvd.<br>Suite 2050<br>Fort Lauderdale, FL 33301             | Manager          |
| Luis Alberto De Armas           | 200 East Las Olas Blvd.<br>Suite 2050<br>Fort Lauderdale, FL 33301             | Manager          |

Name: Graham J. Dunn Address:

Title: Manager

nam J. Dunn 200 East Las Olas Blvd.

Suite 2050

Fort Lauderdale, FL 33301

- 5. The limited liability company will be organized for any and all purposes permitted under-Florida law, including but not limited to: Supplier of agricultural commodities, specialized in the sale, international transport and logistic storage of products. The product range includes grains and cereals, fats and oils, sugar, oilseeds, pulses, sugar cane molasses and dairy products.
- 6. The company shall, to the fullest extent legally permissible, indemnify and hold harmless any and all persons whom it shall have power to indemnify from and against any and all liabilities (including expenses) imposed upon or reasonably incurred by him in connection with any action, suit or other proceeding in which he may be involved or with which he may be threatened, or other matters referred to in or covered by said provisions both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, member or officer of the company. Such indemnification provided shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, Agreement or Resolution adopted by the shareholders entitled to vote thereon after notice.

In addition, the personal liability of all of the managers and members of the company is hereby eliminated to the fullest extent allowed by law.

The undersigned represents that he is authorized to sign this Certificate on behalf of the Members of the Limited Liability Company and that the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

Signature:

Irene F. Motta, Organizer, Authorized Representative

Date:

September 10, 2009

## TERRA WORLD TRADE INC.

1111 Brickell Avenue, 11th Floor, Miami Florida, 33131

FLORIDA DEPARTMENT OF STATE Division of Corporations P O Box 6327 Tallahassee, Florida 32314

Dear Sirs,

RE: COMPANY INCORPORATION

TERRA WORLD TRADE INC., incorporated on the 27th day of August, 2007 hereby consents to the use of the name TERRA WORLD TRADE LLC, and any variation thereof applicable to the Department by the proposed body corporate, articles of incorporation for which are being filed

Dated at Barbados, this 10th day of September, 2009

TERRA WORLD TRADE INC.

Secretary