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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
CENTRAL AMERICAN SERVICES AND INVESTMENT LLC.**

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

J. BRYAN

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Corporate Filing Menu

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EXAMINER

H09000256097

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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:

Central American Services and Investment
L.L.C.

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

EFFECTIVE DATE: 01/01/10

ARTICLE II - Address:

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

Principal Office Address:

15396 SW 20 ST
MIAMI FL 33185

Mailing Address:

17186 S.W. 145 ave.
Miami, FL 33137

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.)

Effective Date 01/01/10

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

Ricardo Emigdio Mena-Pineda

Name

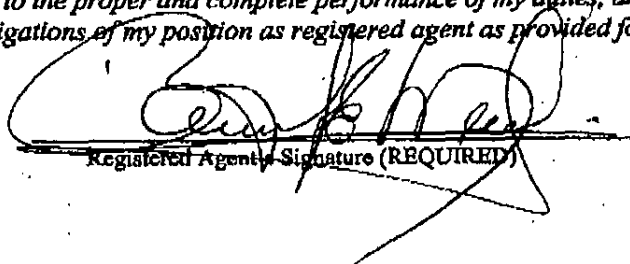
17186 S.W. 145 ave

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

Miami, Florida FL 33137

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:

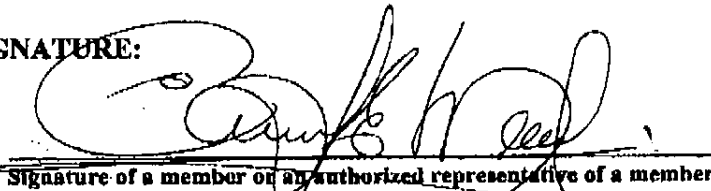
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMRicardo Emigdio Mena-Pineda
Col. TARA Bloque 21 #11
SAN PEDRO SULA, HondurasMGRFATIMA Patricia Mena-Baide
Col. TARA Bloque 21 #11
SAN PEDRO SULA - HondurasMGRMARISA Mena-Pineda
14 Avenida Noroeste #25
San Pedro Sula, Honduras

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/10 (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.)

Ricardo Emigdio Mena-Pineda
Typed or printed name of signer**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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