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

Account Name : CSH SERVICES, LLC
Account Number : 120070000160

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

: (800)494-3124

: (561) 455-9885

Empil Address:_

Phone

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Amancan LLC

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C. LEWIS

MAR 2 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

AMANCAN LLC

ARTICLE II ADDRESS

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

2851 NE 183 ST. #502

AVENTURA, FLORIDA 33160

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SILVIA BROGNO

1537 VICTORIA ISLE WAY

WESTON, FLORIDA 33327

Having been named as registered agent 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 complywith 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...

SILVIA BROGNO / Registered Agent's signature

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AMANCAN LLC

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

FERNANDO BRAMAJO

2851 NE 183 ST. #502

AVENTURA, FLORIDA 33160

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.

FERNANDO BRAMAJO

Typed or printed name of signee

ZOID MAR -1 AM SE 15
SECRETARY OF STATE
TALLAHASSEE, FLORID,

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