Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number: 120000000019
Phone: (305)552-5973

Fax Number : (305)220-1440

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

RECEIVED MAR 16 PH 2: 13 SECRETARY OF STATE ALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
PEYCA INTERNATIONAL LLC

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

A. LUNT

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EXAMINICA

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPAI	NY
ARTICLE I - Name: The name of the Limited Liability Company	y is:	2010 M AR
PEYCA INTERNAT	tioNAL LAC.	5
(Must and with the words "Limited"	Liability Company, "L.L.C.," or "LUC.")	至
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company	ب ح نis:
Principal Office Address:	Mailing Address:	
2041 NW 12 AVR MIAMI Fol 33127	1141 SW 84lt	
	ered Office, & Registered Agent's Signature:	

business entity with an active Florida registration.)

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

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..

(CONTINUED) Page 1 of 2

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:	
MGRM	C'AMARN AROCHA 11415W 84 et MIANI FR =3144	
		SECRETA FALLAHAS
		MR 16
		OF A
•		A 5
(Use attachment if nec	_	
CLE V: Effective date, i	if other than the date of filing: 3-16-10. (OPITONA be date must be specific and cannot be more than five business da	AL)
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CLE V: Effective date, seffective date is listed, to 0 days after the date of REQUIRED SIGNATIONS.	if other than the date of filing: 3-16-10 (OPTIONAL) the date must be specific and cannot be more than five business day filing.) TURE: Actual Actual Actual Cannot be more than five business day filing.)	AL)
CLE V: Effective date, in effective date is listed, to days after the date of REQUIRED SIGNATION Signature (In according to the content of th	if other than the date of filing: 3 - 10 - 10 . (OPITON) be date must be specific and cannot be more than five business da filing.) TURE: ature of a member or an authorized representative of a member. Excordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated berein are true.)	AL)
CLE V: Effective date, in effective date is listed, to days after the date of REQUIRED SIGNATION Signature (In according to the content of th	if other than the date of filing: 3 - 10 - 10 . (OPITON) be date must be specific and cannot be more than five business da filing.) TURE: ature of a member or an authorized representative of a member. Excordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated berein are true.)	AL)
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\$ 5.00 Certificate of Status (Optional)

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