

Division of Corporations

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L10000036497Division of Corporations
Electronic Filing Cover Sheet

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RECEIVED**10 APR -5 AM 11:01****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****FLORIDA LIMITED LIABILITY CO.
RED MOVIL GSM, LLC.**

Certificate of Status	0
Certified Copy	1
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C. LEWIS**APR 6 2010****EXAMINER**

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2010 APR -5 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RED MOVIL GSM, 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:

10200 NW 25TH ST

SUITE: 111

DORAL FL 33172

Mailing Address:

10200 NW 25TH ST

SUITE: 111

DORAL FL 33172

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:

JUAN VILORIA

Name

10200 NW 25TH ST SUITE: 111

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

DORAL FL 33172

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: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JUAN VILORIA

10200 NW 25TH ST SUITE: 111

DORAL FL 33172

MGRM

ANDRES SANTAMARIA ANDREONE

10200 NW 25TH ST SUITE: 111

DORAL FL 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ANDRES SANTAMARIA ANDREONE

Typed or printed name of signer