

**L10600087516**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Gold Celular Varela C.A. LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**S. HAWKES**

AUG 20 2010

**EXAMINER**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Gold Celular Varela C.A. LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5065 NW 74th Ave Ste 7  
Miami FL 33166

5065 NW 74th Ave Ste 7  
Miami FL 33166

**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:

Equal Services Inc

Name

5065 NW 74th Ave Ste 7

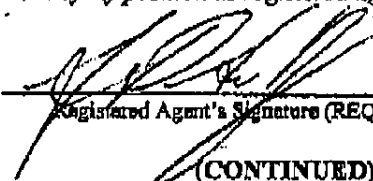
Florida street address (P.O. Box NOT acceptable)

Miami

FL 33166

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.*

 By Frank Delapaz  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 DEC 19 AM 10:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Carla Tracanelli de Bracho

Calle 10 Esq Ave 11 Centro Comercial Galerias  
del Centro Local 1-1 Valera, Trujillo, Venezuela 3101

MGRM

Gerardo J Bracho Mora

Calle 10 Esq Ave 11 Centro Comercial Galerias  
del Centro Local 1-1 Valera, Trujillo, Venezuela 3101

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Frank De La Paz, as authorized representative of members  
Typed or printed name of signee

**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)