

L10000110137

Florida Department of State
Division of Corporations
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To: Division of Corporations
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EFFECTIVE DATE

10/18/10

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
PROLINE INTERNATIONAL GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROLINE INTERNATIONAL GROUP, 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:

2718 NW 72TH AVE
MIAMI, FL 33122

Mailing Address:

2718 NW 72TH AVE
MIAMI, FL 33122

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:

ARJA ASSOCIATES, INC

Name

4315 NW 7TH STREET SUITE#51

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

MIAMI

FL 33126

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:MGR

RAMON A. CASTRO (AUTHORIZED REPRESENTATIVE OF A MEMBER)
 2718 NW 72TH AVE
 MIAMI, FL 33122

MGRM

PABLO FRANCISCO DURAN MOLGAARD
 1 SOUTH 885, 2ND FLOOR
 TALCA, CHILE

MGRM

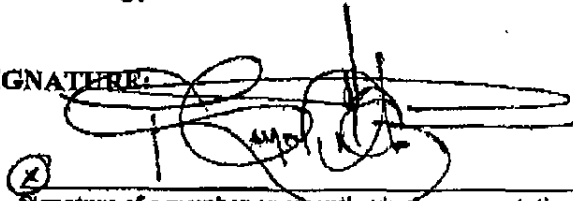
ALEJANDRA DURAN MOLGAARD
 1 SOUTH 885, 2ND FLOOR
 TALCA, CHILE

MGRM

ANDREA DURAN MOLGAARD
 1 SOUTH 885, 2ND FLOOR
 TALCA, CHILE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/18/2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RAMON A. CASTRO (AUTHORIZED REPRESENTATIVE OF A MEMBER)

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER (S) 'ATTACHMENT'

Title: _____ Name and address:

MGR

FRANCISCO DURAN MOLGAARD
1 SOUTH 885, 2ND FLOOR
TALCA, CHILE

ATTACHMENT PAG 1 AND PAG 2

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