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**Florida Department of State
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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
LACADE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

A. LUNT

NOV 17 2010

EXAMINER

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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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:

LACADE LLC

ARTICLE II ADDRESSThe mailing address and street address of the principal office of the
Limited Liability Company is:2340 NE 192ND STREET
MIAMI, FLORIDA 331802010 NOV 16 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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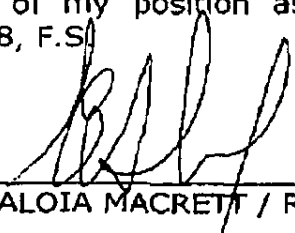
**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

ESTEBAN ALOIA MACRETT
2340 NE 192ND STREET
MIAMI, FLORIDA 33180

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 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.

X



ESTEBAN ALOIA MACRETT / Registered Agent's signature

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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

HUMBERTO JORGE NANNI

MAIPU 879 P 4TO B

CABA 1006 ARGENTINA

MANAGING MEMBER

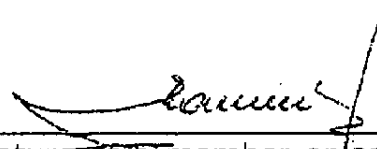
HERNAN HUMBERTO NANNI

MAIPU 879 P 4TO B

CABA 1006 ARGENTINA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

X


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.

HUMBERTO JORGE NANNI

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