

**LI0000122095**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**T. CLINE**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DEC - 1 2010

OPTIMUS US 4450 N.W. 9TH ST., L.L.C.

**EXAMINER**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LI0-122095

**ARTICLES OF CORRECTION**

**FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Optimus US 4450 N.W. 9th St., L.L.C.

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the limited liability company was incorrectly stated as Optimus US 4450 N.W. 9th St., L.L.C.

on its original Articles of Organization. The correct name of the limited liability company is:

Optimus US 4550 N.W. 9th St., L.L.C. The corrected Article 1 shall be and read as follows:

ARTICLE 1 - Name: The name of the limited liability company is: Optimus US 4550 N.W. 9th St., L.L.C.

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 30, 2010

Lisa J. Palenski  
Signature of a member or authorized representative of a member

Lisa J. Palenski, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Optimus US 4450 N.W. 9th St., L.L.C.

(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:

Attn: Eduardo Labella  
Caraca 543, Apto 1  
11302 Montevideo, Uruguay

#### Mailing Address:

Attn: Eduardo Labella  
Caraca 543, Apto 1  
11302 Montevideo, Uruguay

### 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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

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)

JAMES M. NEWSOME  
Special Assistant Secretary

(CONTINUED)

**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

Optimus US Properties Holdings, L.L.C.

Attn: Eduardo Labella

Caraca 543, Apto 1

11302 Montevideo, Uruguay

(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.)

Lisa J. Falenski, Authorized Representative

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)