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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, Account Name

Account Number : I20000000019 : (305)552-5973 Phone : (305)220-1440 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. WORLD ALLIANCE COMMODITIES LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| World Alliance Connod (Must end with the words "Limited Liability | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| SUITE SOO COTAL GABLES, FL 33134 | SAME |
| COTAL GABLES, FL 33134 | > 0, |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist husiness entity with an active Florida registration.) | Office, & Registered Agent's Signature: |
| The name and the Florida street address of the r | egistered agent are: |
| Name | LORS STA |
| 8151 SW. 457 | |
| , | ress (P.O. Box <u>NOT</u> acceptable) |
| Mi A Mi, City, Ste | FL 33135 _ nte, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | nccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S. |
| /// | John Marie Land Complete Good, X.S. |
| Registered Agent's Signate | ure (REQUIRED) |

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(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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 SIGNAT 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. It is a sware that any false information submitted in a document to the Department of States as third degree felous as arraided for in a 817 155. E.S.) constitutes a third degree felony as provided for in s.817.155, F.S.) ped or printed name of signee Filing Fees:

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\$125.00 Flding Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)