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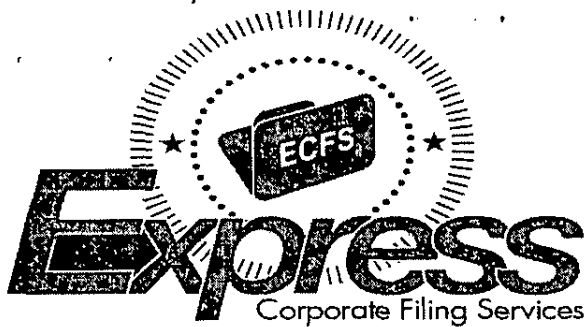
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1000 Ponce De Leon Blvd - Suite 101
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. IMPORTADORA FEBE, C.A. & CO., LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
IMPORTADORA FEBE, C.A. & CO., LLC

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ARTICLE I

The name of the limited liability company is IMPORTADORA FEBE, C.A. & CO., LLC.

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

11063 NW 89 Terrace
Unit 1606
Doral, FL 33178

ARTICLE III

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc.
255 Alhambra Circle
Suite 500
Coral Gables, Florida 33134

Having been named as the 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.

Date: 2/17/11


Registered Agent's Signature

ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Beatriz J. Ojeda
11063 NW 89 Terrace
Unit 1606
Doral, FL 33178

Manager

Fernando J. Palacios
11063 NW 89 Terrace
Unit 1606
Doral, FL 33178

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.

Authorized Signee:



Beatriz J. Ojeda



Fernando J. Palacios