

03/29/2011 13:56

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LAZARUS

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**L11000037958**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**L. SELLERS**

MAR 30 2011

To:

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

**EXAMINER**

From:

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**FLORIDA LIMITED LIABILITY CO.  
DESPI LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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11 MAR 29 AM 10:44  
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TALLAHASSEE, FLORIDA

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H11000082103

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

DESP1 LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:VIRREY OLIVERA FELIU 1732  
OLIVOS (1636)  
BUENOS AIRES, ARGENTINAMailing Address:5931 NW 173 DR STE 9  
MIAMI FL 33029

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LUIS ROSALES

Name

5931 NW 173 DR STE 9Florida street address (P.O. Box **NOT** acceptable)MIAMI FL 33029

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)

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Page 1 of 2

H11000082103

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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:**MGRMALICIA SUSANA SUTER  
5931 NW 173 DR STE 9  
MIAMI FL 33029MGRMSILVIA GABRIELA OLIVERA  
5931 NW 173 DR STE 9  
MIAMI FL 33029MGRMEDUARDO MARCELO YOHAI  
5931 NW 173 DR STE 9  
MIAMI FL 33029MGRMHECTOR SORGE NOYA  
5931 NW 173 DR STE 9  
MIAMI FL 33029

(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. 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.)

Luis Rosales  
\_\_\_\_\_  
Typed or printed name of signee**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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