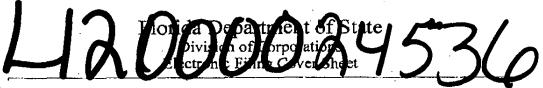
A1A CORPORATE SERVICES

Division of Corporations

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To:

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Fax Number

: (850)617-6383

From:

Account Name

: CSH SERVICES, LLC

Account Number : I20070000160

Fax Number

: (800)494-3124 : (561) 455-9885

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## FLORIDA LIMITED LIABILITY CO. **SERVICIOS 1488 LLC**

Certificate of Status	0	
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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:

SERVICIOS 1488 LLC

#### ARTICLE II ADDRESS

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

888 S DOUGLAS RD APT 1503

CORAL GABLES, FLORIDA 33134

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

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

PEDRO JULIO VALLENILLA SOSA 888 S DOUGLAS RD APT 1503 CORAL GABLES, FLORIDA 33134

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 complywith 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..

PEDRO JULIO VALLENILLA SOSA / Registered Agent's signature

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**SERVICIOS 1488 LLC** 

#### 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:
PEDRO JULIO VALLENILLA SOSA
888 S DOUGLAS RD APT 1503
CORAL GABLES, FLORIDA 33134

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.

PEDRO JULIO VALLENILLA SOSA

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