Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H12000062703 3))) H120000627033ABCV Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number ; (305)633-9696 **Enter the email address for this business entity to be used for fut a annual report mailings. Enter only one email address please. ** Email Address: FLORIDA LIMITED LIABILITY CO. NOR PERU CAPITAL 2. LLC Certificate of Status Û RECEIVED Certified Copy 1 H Page Count 03 ကို Estimated Charge \$155.00 **D. BRUCE** MAR 2 MAR 0 9 2012 EXAMINER Electronic Filing Menu Corporate Filing Menu Help 3/8/2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

NOR PERU CAPITAL 2, LLC

ARTICLE I

The Name of the Limited Liability Company shall be: NOR PERU CAPITAL 2, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

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

4100 SW 57th Avenue MIAMI, FL 33155

ARTICLE IV The name of the Manager (s) shall be:

> MANAGER FRANCISCO PICASSO 4100 SW 57th AVENUE MIAMI, FL 33155

ARTICLE V

The name and florida street address of the registered agent:

CARLOS GARCIA 4100 SW 57th AVENUE MIAMI, FL 33155



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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

NOR PERU CAPITAL 2, LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability company at the place designated in the articles of organization, 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 positin as registered agent.

Signature of Registered Agent

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.)

FRANCISCO PICASSO Typed or printed name of signee

EMPIRE CORP KIT