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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INVERSIONES OFICC 3000, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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J. SAULSBERRY
EXAMINER

MAY 3 2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

INVERSIONES OFICC 3000, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

INVERSIONES OFICC 3000, LLC.

ARTICLE II - ADDRESS

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

1471 NW 159 AVE
PEMBROKE PINES, FL. 33028

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

SAMUEL CASTRO

1471 NW 159 AVE

Florida street address (P.O.BOX NOT acceptable)

PEMBROKE PINES, FL. 33028

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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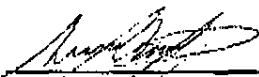
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CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SAMUEL CASTRO
1471 NW 159 AVE
PEMBROKE PINES, FL. 33028

MANAGER

GERALDO RUIZ
1471 NW 159 AVE
PEMBROKE PINES, FL. 33028

MANAGER

(An additional article must be added if an effective date is requested)



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.)

SAMUEL CASTRO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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