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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone • : (305) 552-5973 Fax Number : (305)220-1440

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FLORIDA LIMITED LIABILITY CO. **GOLDFIN LLC**

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JUL 10 2012

T. HAMPTON

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ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LLA	ABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Co	mpany is:			
Gold fin	Limited Liability Company, "L.L.C.," or "LLC,	7)		
ARTICLE II - Address: The mailing address and street address	,			
Principal Office Address:	Mailing Address:			
#502 Miami FL 33149		,		
ARTICLE III - Registered Agent, Registered Office, & 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 addr	ess of the registered agent are:			
Jorg	E L. Vidal			
2100 C	ord Way #	502		
Flor	ida street address (P.O. Box NOT acceptab	ole)		
IV/(CVII)	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 M	States (REQUIRED)			
	(CONTINUED)	SEC DIVISION		
	Page 1072			

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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:	Name and Address:
	"MGR" = Manager "MGRM" = Managing Member	•
	MGRM	Luis Miguel Castillo 2100 Coral Way # 502 Miami FL 33145
	MGRM	CARLOS EnriqUE MATA 2100 Coral WAY # 502 Miami FL 33145
	 	
	(Use attachment if necessary)	
(I	RTICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
	<u>Required</u> signature:	
	Signature of a tites	aber or an authorized representative of a member.
	constitutes an affirmation under I am aware that any false infor constitutes a third degree folor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. Invasion submitted in a document to the Department of State are provided for in s.817.155, F.S.)
•	T	yped or printed hame of signee

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SECRETARY OF STATE

NVISICATOF CORFORATIONS

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