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Division of Corporations

fax Number : (850)617-6383

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. L SELLERS

: (305)552-5973 Phone Fax Number

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FLORIDA LIMITED LIABILITY CO. FRANCHU, LLC

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ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is	: :	
FRANCHU	, LLC	
(Must end with the words "Limited Lisb	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
RUTA 25 KM 7.5 52-B MORENO PCIA BUENOS AIRES- ARGENTINA	5931 NW 173 DRIVE STE 9 MIAMI, FL 33015	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another	
The name and the Florida street address of the	registered agent are:	
LUIS ROSALES		
Name		
5931 NW 173 DR STE 9		
Florida street address (P.O. Box NOT acceptable)		
MIAMI	_{FL} 33015	
City, \$	tate, and Zip	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete pa accept the obligations of my position as reg	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 608, F.S	
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Registered Agent's Signature (REQUIRED)

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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:

	<u>Title:</u> "MGR" = Manager	Name and Address:	
	"MGRM" = Managing Men	nber ·	
	MGRM	FRANCISCO B ALVAREZ MARTINEZ	
		5931 NW 173 DRIVE STE 9 MIAMI, FL 33015	
		1311 4341 - 2 000 70	
	MGRM	SUSANA R URBANO	
		5931 NW 173 DRIVE STE 9	
		MIAMI, FL 33015	
	MGRM	PAULA SOFIA ALVAREZ	
		5931 NW 173 DRIVE STE 9	
		MIAMI, FL 33015	
AI Of	(Use attachment if necessar, TICLE V: Effective date, if other	or than the date of filing:	
	or 90 days after the date of filing		
	REQUIRED SIGNATURE	R:	
	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 are sware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 3.817.155, F.S.)		
	Typed or printed name of signee		
		Tabet of himser ususe of signes	

Filing Fees:

\$125.00 Piling 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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