

L13000011490

Division of Corporations

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Florida Department of State

Division of Corporations
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EFFECTIVE DATE
1-22-2013

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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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FLORIDA LIMITED LIABILITY CO.
KING RAW HAM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

EFFECTIVE DATE
1-22-2013

FILED
13 JAN 22 AM 11:08
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TALLAHASSEE, FLORIDA

Date: January 18, 2013

ARTICLE I - NAME:

The name of the Limited Liability Company is:

KING RAW HAM, LLC

ARTICLE II - ADDRESS:

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

1020 93 STREET, APT. 4, BOX 5
BAY HARBOR ISLAND, FLORIDA 33154

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

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

ROBERTO DI DONATO

Name

1020 93 STREET, APT. 4, BOX 5

Florida Street Address

BAY HARBOR ISLAND, FLORIDA 33154

City, State, and Zip

-continued-

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.

Doyle M/S

Registered Agent's Signature

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a SINGLE MANAGER LLC company. The name and address of the initial MANAGER or MANAGER MEMBER is as follows:

Title:

Name and Address:

Member/Manager

**SUCESORES DE JUAN PEREZ, SA
TRIUNVIRATO 2057 SAN JUSTO
BUENOS AIRES, ARGENTINA 1754**

ARTICLE V - BUSINESS DEDUCTIONS

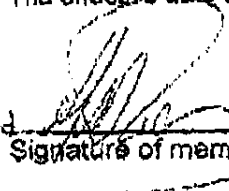
Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

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ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: JANUARY 22, 2013.


Signature of 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


JUAN JOSE PEREZ c/o SUCESTORES DE JUAN PEREZ, SA
Member/Manager of LLC

January 18, 2013