

01/09/2031 03:02

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Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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SECRETARY OF STATE  
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FLORIDA LIMITED LIABILITY CO.  
ALTO STATE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 FEB 27 PM 12:10

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Corporate Filing Menu

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FEB 28 2013

G. McLEOD

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ALTO STATE LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**1565 NE 118th Terras  
Miami, FL 33161**Mailing Address:**1565 NE 118th Terras  
Miami, FL 33161**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 address of the registered agent are:

Teresita Marceca

Name

1565 NE 118th Terras

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

Florida 33161

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 Agent's Signature (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

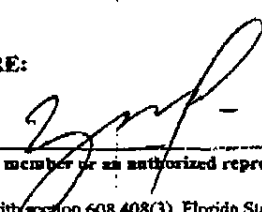
The name and address of each Manager or Managing Member is as follows:

**Title:****Name and Address:****"MGR" = Manager Member**Fernando Omar Bearzi  
Arrecifes 1215 - Castelar (1712)  
Buenos Aires, Argentina**"MGRM" = Managing**Oscar Pablán Cichi  
Av. La Plata 1987 - CABA (1250)  
Buenos Aires, Argentina

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:****(OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**  
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.)

**Fernando Bearzi**

Typed or printed name of signer

**Filing Fees:**\$125.00 Filing 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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