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(Re	equestor's Name)	 			
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SECRETARY OF STATE

C. LEWIS

MAY 9 - 2013

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Formentera Capital Management LLC				
	Name of Limited Liability Company				
The enc	losed Articles of Organization and fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning this matter to the following:				
	Domingo Montero				
-	Name of Person				
_					
	Firm/Company				
	22 NE 1st Street #207				
_	Address				
	Miami, FL 33132				
-	City/State and Zip Code				
	dominick.montero@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For furtl	her information concerning this matter, please call:				
C	Domingo ("Dominick") Montero 719 304-1772				
<u> </u>	Name of Person Area Code & Daytime Telephone Number				
Enclose	ed is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Formentera Capita	al Management LLC		
•		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	tress:	e principal office of the Limited I	Liability Company is:
Principal Office Ac	ddress:	Mailing Address:	
22 NE 1st Street		22 NE 1st Street	
#207 Miami, FL 33132		#207 Miami, FL 33132	
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own R	•	
	Name		ASSE ASSE
	22 NE 1st Street		mer III
•	Florida street Miami	address (P.O. Box <u>NOT</u> acceptable) 33132 FL	D PN 12: 46 STATE FLORIDA
	City	, State, and Zip	
liability compan registered agent an statutes relating to	y at the place designated d agree to act in this capa o the proper and complete	to accept service of process for the in this certificate. I hereby accept acity. I further agree to comply with performance of my duties, and I degistered agent as provided for in	the appointment as ith the provisions of all am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FILED 13 MAY -8 PM 12: 41
MGRM	Domingo Montero 22 NE 1st Street #207 Miami, FL 33132	SECRETARY OF STATE TAPLAHASSEE, PLORIDA:
*** · · · · · · · · · · · · · · · · · ·		
447-44		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: e specific and cannot be more th	(OPTIONAL) nan five business days prior
REQUIRED SIGNATURE:	7,4	>

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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Domingo Montero

Typed or printed name of signee

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)