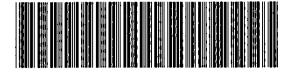
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APPHOYELL

K. SALY EXAMINER

SEP - 9 2013

COVER LETTER

	tion Section of Corporations	
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following:	
	Suan Glea Name of Person	-
	Firm/Company	•
	1225 W. Beaver Street	-
	Syct Sonville FL 32204 City/State and Zip Code	-
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
<u></u>	Name of Person at (904) S89-4420 Area Code & Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
□\$125.00 Filing	Fee \$\square\$\$130.00 Filing Fee & \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Cer	
	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

ARTICLE I - Name:

The name of the Limited Liability Company is:		
(Nust 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 Co	ompany	/ is:
Principal Office Address: 225 W. Beguer St 1225 W. Beguer Get Son with fl	5+ . 3	2 Z
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anothusiness entity with an active Florida registration.)	Ire: ther	
The name and the Florida street address of the registered agent are: Suan Oleg Name 1220 Selhaven lane Florida street address (P.O. Box NOT acceptable) City, State, and Zip	SECHERAL OF STAR	13 SEP -9 PH 4: 14
Having been named as registered agent and to accept service of process for the above sta- liability company at the place designated in this certificate, I hereby accept the appoir registered agent and agree to act in this capacity. I further agree to comply with the pro- all statutes relating to the proper and complete performance of my duties, and I am fan and accept the obligations of my position as registered agent as provided for in Chapter Registred Agent's Signature (REQUIRED)	ntment o ovision niliar w	as s of rith
(CONTINUED)		

Page 1 of 2

ARTICLE	IV-	Manager(s)) or Manag	ing Member(s)
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	- Maximiliano Sebastian Iramillo Boss
	1) or 1900 Dondy 113) ant 305
MGRM	- Nicolus Alejandro Daneni Buscuñan
	Juana & Acca 7069 ant 71
MGRM	Comuna de Prarbencia, Sontiago, Chile
710 117	- Juan Olea 1220 Relhaun lunc
	Nonte Vecra, Fl 32081
	
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(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>09-09-2013</u>. (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. 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.)

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)