

L13000149279

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: **Agnes Lunt**
Division of Corporations
Fax Number : (850) 617-6383

From: **D. Guerra**
Account Name : AKERMAN SENTERFITT (FT. LAUDERDALE)
Account Number : I19980000010
Phone : (954) 463-2700
Fax Number : (954) 463-2224

Please have filing date as the submission date.
Thanks.

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INELTUR LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

OCT 23 2013
A. LUNT

TRANSMISSION VERIFICATION REPORT

TIME : 10/21/2013 13:12
NAME : AKERMAN
FAX : 9544632224
TEL : 9544632700
SER.# : 000J0N579724

Table with 2 columns: Field Name (DATE, TIME, FAX NO./NAME, DURATION, PAGE(S), RESULT, MODE) and Value (10/21 13:11, 98506176383, 00:01:08, 04, OK, STANDARD, ECM)

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10/21/2013

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2nd attempt
Please have filing date as submission date.
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Email Address:

TRANSMISSION VERIFICATION REPORT

TIME : 10/17/2013 14:02
NAME : AKERMAN
FAX : 9544632224
TEL : 9544632700
SER.# : 000J0N579724

DATE, TIME	10/17 14:01
FAX NO./NAME	98506176383
DURATION	00:00:54
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

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10/22/2013 12:35
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AKERMAN

1/001 FGA SOLVER

PAGE 02/06



October 22, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AKERMAN SENTERFITT (FT. LAUDERDALE)

SUBJECT: INELTUR LLC
RRF: W13000058520

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refile the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

FAX Aud. #: E13000291223
Letter Number: 513A00024598

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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**ARTICLES OF ORGANIZATION
OF
INELTUR LLC**

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: INELTUR LLC

**ARTICLE II
ADDRESS**

The mailing and street address of the principal office of the Company are: Martin Zapata 298, Mendoza, Argentina C.P. 5500.

**ARTICLE III
DURATION**

The period of duration for the Company shall begin on the date of filing these Articles of Organization with the Florida Department of State and shall have a perpetual existence and duration, until terminated in accordance with applicable law.

**ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT**

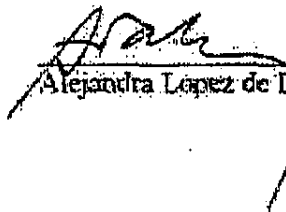
The name and street address of the Company's initial registered agent and registered office are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

**ARTICLE V
MANAGEMENT**

The Company is a member-managed company. The initial managing members shall be Alejandra Lopez de De Paolis and Maria A. Tonelli de Faccas both at Martin Zapata 298, Mendoza, Argentina, C.P. 5500.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 17th day of October, 2013.



Alejandra Lopez de De Paolis, Managing Member

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**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **INELTUR LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 12th day of October, 2013.

NRAI SERVICES, INC.

By: Katie Wunsch
Name: Katie Wunsch
Title: Assistant Secretary

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STATE OF FLORIDA

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