

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
SAMA USA, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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FEB 25 2014  
TALLAHASSEE, FLORIDA

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B. BOSTICK

FEB 26 2014

EXAMINER

H/14 0000 453693

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

**SAMA USA, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**SAMA USA, LLC.**

**ARTICLE II - ADDRESS**

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

**4668 NW 107 AVE # 1604  
DORAL, FL. 33178**

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

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

**NELSON FERNANDEZ**

**4668 NW 107 AVE # 1604**

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

**DORAL, FL. 33178**

City, State, and Zip

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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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 805, F.S.

  
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

NELSON FERNANDEZ  
4668 NW 107 AVE # 1604  
DORAL, FL. 33178

MANAGER

MELISSA TREMUS  
4668 NW 107 AVE # 1604  
DORAL, FL. 33178

MANAGER

ALVARO ROJAS  
4668 NW 107 AVE # 1604  
DORAL, FL. 33178

SECRETARY

  
(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**NELSON FERNANDEZ**

Typed or printed name of signee

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CLARA GIRALDO P.A.