

4/11/2014

Division of Corporations

L14000087281

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : 120120000052
Phone : (305) 591-9180
Fax Number : (305) 591-9167

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

Email Address: jelenaccountingservices@gmail.com

FLORIDA LIMITED LIABILITY CO.
INVERSIONES BELASERA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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J. BRUL

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**ARTICLES OF ORGANIZATION
OF
INVERSIONES BELASERA, LLC**

ARTICLE I – Name

The name of the Limited Liability Company shall be:

INVERSIONES BELASERA, LLC

ARTICLE II – Address:

The principal Office Address of the company shall be:

8181 NW 36th Street, Suite 13AB
Doral, Fl. 33166

The mailing address of the company shall be:

8181 NW 36th Street, Suite 13AB
Doral, Fl. 33166

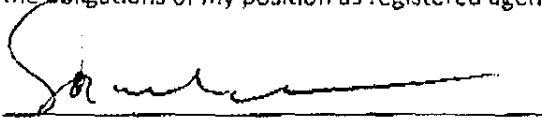
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NOTARIAL OFFICE

ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature

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

Jelen Accounting Services, Inc.
8181 NW 36th Street, Suite 13AB
Doral, Fl. 33166

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 status 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 605, F.S.



Registered Agent's Signature

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ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Carlos Nava
8181 NW 36th Street, Suite 13AB
Doral, Fl. 33166

AMBR

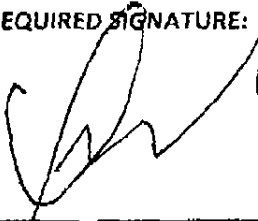
Carlos Alonso Nava Perez
8181 NW 36th Street, Suite 13AB
Doral, Fl. 33166

AMBR

ARTICLE V- Effective date:

April 11, 2014

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statute, 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.)

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