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TALLAHASSEE, FLORIDA

JUL 14 2014

J. BRUCE

CORP DIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 07/11/2014

REF. #: 9208435

CORP. NAME: ALS BRAZIL TOWERS LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

STATE FEES PREPAID WITH CHECK# 70023478 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

**ARTICLES OF ORGANIZATION
OF
ALS BRAZIL TOWERS LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **ALS BRAZIL TOWERS LLC**

ARTICLE II: - Address

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

**Attention: Angel L. Saad
19645 East St. Andrews Drive
Miami, Florida 33015**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

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

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 605, F.S.

NRAI SERVICES, INC., as Registered Agent


Name: Michele Holden
Title: Assistant Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Angel L. Saad 19645 East St. Andrews Drive Miami, Florida 33015

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on July 11, 2014.

/s/ Angel L. Saad

Angel L. Saad, as 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. 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 Section 817.155, Florida Statutes.)

Angel L. Saad

Typed or printed name of signee

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