08/31/2032 0

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

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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.

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FLORIDA LIMITED LIABILITY CO.

SOCIAL LATIN MEDIA & CONSULTANT, LLCERA

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

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Help OCT 2 1 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOCIAL LATIN MEDIA & CONSULTANT, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

Principal Office Address:		Mailing Address:	
36 N.E 1 STREET SUITE	653	P.O BOX 310203	
MIAMI FL. 33132		MIAMI FL. 33231	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liebility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARIO RODRIGUEZ				
Name				
36 N.E 1 STREET SUITE	653			
Florida street address (P.O. Box NOT acceptable)				
MIAMI FL. 33132 FL				
City, State, and Zip				

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	4)
MANAGER = 60%	MARIO ANTONIO RODRIGUEZ
	PO BOX 310203 MIAMI FL. 33231
MANAGER = 40%	MARIA TRUJILLO Maria Trujello
	36 N.E 1 STREET SUITE 653
	MIAMI FL. 33132
(Use attachment if necessary)	,

ARTICLE V: Effective date, if other than the date of filing: October 20/2014. (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 perjur that the facts stated herein are true.)

MARIO ANTONIO RODRIGUEZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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