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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

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14 OCT 20 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
Fruitful Endeavors LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2014 OCT 20 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 21 2014

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From:

10/20/2014 13:46

#078 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fruitful Endeavors LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

c/o Heidner Law Firm, P.C.
500 Fifth Ave, Suite 1810
New York, NY 10110

c/o Heidner Law Firm, P.C.
500 Fifth Ave, Suite 1810
New York, NY 10110

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

(The Limited Liability 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:

Blumberg Excelsior Corporate Services Inc.
Name

155 Office Plaza Drive, 1st Floor
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
City Zip

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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 605, F.S..

Asst. Secretary Jose Mojica

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From:

10/20/2014 13:46

#078 P.003/003

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	<u>Sprouting Capital Ltd.</u>
"MGR" = Manager	<u>R.G. Hodge Plaza, Second Floor</u>
<u>AMBR</u>	<u>Road Town, Tortola, British Virgin Islands</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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. 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.)

Camilo Andrés Méndez Chong, acting on behalf of
Dirserv, Inc., Sole Director

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FLORIDA
 2014 OCT 20 AM 9:28
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