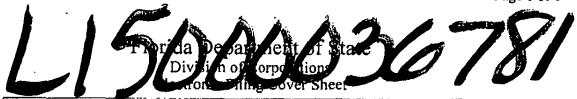
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 : (850)222-1092

Phone Fax Number

: (850)878-5368

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

FLORIDA LIMITED LIABILITY CO
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Millecento 4101 LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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FEB 2 7 2015

**J. BRUCH** 2/26/2015

## COVER LETTER

TO: Registration Section Division of Corpo			·			
SUBJECT: Millecento 41		nited Liability Company	<del></del>			
The enclosed Articles of Or	ganization and fec(s) a	re submitted for filing.				
Please return all correspond	ence concerning this m	atter to the following:				
	ANDRES LAI	PADULA				
<del></del> .		Name of Person	·			
OPEN Corpora	In Sanzices Inc					
OTEN CONDUM	to det vices inc.	Firm/Company	<del></del>	<del></del>		
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Centro Lido, To	orre E, Ofe 71E			(T)	2015 FI	-
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Caracas 1060, V				<u> </u>		Section 1
	C	ity/State and Zip Code		<u> </u>	¥	[ 1
alapadula@lec.com.ye	nail address: (to be use	d for future annual report notifica	ition)	23	$\ddot{\Sigma}$	122300
For further information con			,	S TATE	PM 12: 00	
Andres Lapadul	a at (	212 <u>,8639978</u>	<del></del>			
Name of I	Person	Area Code Daytime Te	lephone Number			
Enclosed is a check for the	following amount:					
	130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Certified Copy (additional copy	Status &	d)	
	Address on Section of Corporations	Street/Courier Add Registration Section Division of Corporal				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Millecento 4101 LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	
Principal Office Address:	Mailing Address:
Plaza Credicorp Bank, piso 26, Calle 50	CCS 6335 P.O. Box 025323
Apartado 0832-02325, Panamá, Rep. de Panamá	Minmi, FL 33102-5323
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	~ <del>~</del>
C.T. Corporation	n System System
Name	
1200 South Pine I	Island Road
Florida street address (P.O. Box !	NOT acceptable)
Plantation City	Island Road  NOT acceptable)  FL 33324  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 605, F.S..

y: Jordan Brown, Assistant Secretary
CT Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Barenco Lid.	
	Plaza Credicorp Bank, piso 26, Calle 50	
	Apartado 0832-02325. Panamá. Rep. de Panamá	
MGR	Diego Ricol	
	150W 56th St., Apt. B52	
	New York, NY 10019	
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