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

From: *Ana M Sanz*
Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Account Number : I20070000136
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Fax Number : (786) 664-3375

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

Email Address: *asanz@arhmf.com*

**FLORIDA LIMITED LIABILITY CO.
MAGANFAM LLC**

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April 7, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLC

SUBJECT: MAGANFAM LLC
REF: W15000023821

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

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**ARTICLES OF ORGANIZATION
OF
MAGANFAM LLC**

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I
NAME**

The name of the limited liability company is: **MAGANFAM LLC** (the "Company")

**ARTICLE II
ADDRESS**

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

Principal Office Address:
Av. Amazonas 477 y Roca
Quito, Ecuador

Mailing Address:
Av. Amazonas 477 y Roca
Quito, Ecuador

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S
SIGNATURE**

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

Interamerican Corporate Services LLC
2525 Ponce De Leon Blvd., Suite 1225
Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above 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.

INTERAMERICAN CORPORATE SERVICES LLC

By: 
Asnardo Garro, Manager

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**ARTICLE IV
OPERATING AGREEMENT**

The power to adopt, alter, amend, or repeal an operating agreement for the Company shall be vested in the Members of the Company.

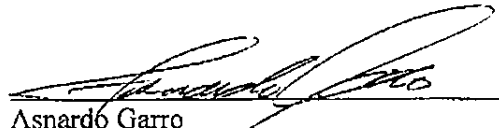
**ARTICLE V
MANAGEMENT**

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

Title:
Manager

Name and Address:
Janett Mercedes Villareal Carrillo
Av. Amazonas 477 y Roca
Quito, Ecuador

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Organization as of the 3rd day of April, 2015.



Asnar6 Garro
Duly Authorized Representative of a Member

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