

02/25/2003 02:00

L15000066160

Florida Department of State
Division of Corporations
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H150000923653-BC+

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
JAKOTE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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FLORIDA DEPARTMENT OF STATE
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T. Burch ALX 17 2015



April 16, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: JAKOTE, LLC
REF: W15000026304

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.

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Tim Burch
Regulatory Specialist II

FAX Aud. #: H15000092365
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INFORMATION SERVICES

H15000092365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAKOTE, 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:1915 BRICKELL AVE #C-501
MIAMI, FL 33129Mailing Address:1915 BRICKELL AVE #C-501
MIAMI, FL 33129

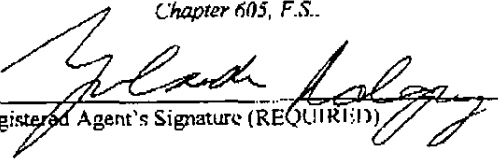
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

YOLANDA RODRIGUEZ
Name1915 BRICKELL AVE #C-501
Florida street address (P.O. Box **NOT** acceptable)MIAMI FL 33129
City 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR 16 PM 4:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

H15000092365**ARTICLE IV-**

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

Title:

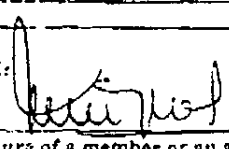
"AMBR" = Authorized Member



"MGR" = Manager

Name and Address:AMBRAUGUSTO ENRIQUE PINTOS
OBISPO SAN ALBERTO 3244-1419
BUENOS AIRES, ARGENTINAAMBRENRIQUE ANGEL PINTOS
AUDA DIAZ VELEZ 3302-1200
BUENOS AIRES, ARGENTINAAMBRMARIA LAURA MARQUEZ
OBISPO SAN ALBERTO 3246-1419
BUENOS AIRES, ARGENTINA**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:**

X 
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.)

MARIA LAURA MARQUEZ
Typed or printed name of signee
Augusto Enrique Pintos
Enrique Angel Pintos**H15000092365**FILED
15 APR 16 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA