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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. INVERSIONES CONSUCASA LLC

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

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ARTICLES OF ORGANIZATION

ARTICLE I - Namer

The name of the Limited Liability Company is: (Muss end with the words Timbed Liability Company, "LLC," or "LLC")

INVERSIONES CONSUCASA LLC

ARTICLE II - Address:

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

> 8684 SW 161 AVE Miani. FL 33193

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate on individual or another business entity with an active Florida registration.)

COUSULTING SERVICES

14335 SW 120 ST SUITE 211 Miarli FL 33196

ARTICLE IV-The name and title of each person authorized to manage and control the Limited Liability Company:

MGZ 9 SUMUZA MERT 7 PULIDO

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Required Signatures:

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.

Typed or printed name of signee

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 cartificate, 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)

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