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| To: | Division of Co | coorations | | इं | |
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| 65 | Fax Number | • | | AUG I | ٠ |
| From | Account Name Account Number Phone fax Number | <pre>i LAW OFFICES TONY PORNPRINYA i 120010000164 ; (305)893-8989 ; (305)891-7717 or this business entity to be used for</pre> | future | 18 AM 7: 22 | 716 |
| i annu | | . Enter only one email address please | | | |

FLORIDA LIMITED LIABILITY CO.

Albatros Miami, LLC

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S. GILBERT

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| ARTICLE I - Name: | | | | | • | | TO MUG | 18 AM | 7. 0- |
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| AUBATROS MIAMI, LLC | • | | | | | | | | are a |
| (Must end with the | words "f | inuted Liabil | ity Comr | any, "L.L. | C" or | "LLC.") | ~~~~~~ | | A 4578 |
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| ARTICLE II - Address: | | | | | | | | | |
| The mailing address and street address o | f the prin | cipal office of | f the Lim | ited Liabili | ity Con | npany is: | | | |
| Principal Offic | a Addings | og · | | | M | ailing Addı | ·A60• | | |
| | 223,3010. | 22. | | | <u> </u> | ioor, sama | | | |
| Conesa 2266 Piso 6 | | | | Conesa 22f | | | | | • |
| Buenos Aires, Argentina 142 | | : | _] | | | geming 142 | *************************************** | | |
| Additional transport of the second of the se | ********** | | - ; | | | Hillianiiniiniiniiniin | *************************************** | | |
| (The Limited Liability Company cannot another business entity with an active Fl The name and the Florida street address | ori <mark>da re</mark> g of the reg | istration.) | are: | | | | | : | |
| <u>IAUL</u> | <u>NASAN</u> | CHEZ, P.A. | | | | | | | |
| | | Nam | 2 | | | | | | |
| 1025 | I SW 72 | ST.,#106 | | | | | | | |
| Flori | da street | address (P.O. | Box NQ | T acceptal | ole) | | | | |
| MIAI | MI | | FL | | 331 | 73 | | | |
| 3.000 \$1,000 | City | | State | | Zip | | | | |
| Having been named as registered agent am place designated in this certificate, I hereby further agree to comply with the provisions am familiar with and accept the obligation. | raccept to of all states of my po | he appointmentates relating isition as registred Ag | u as region to the pro- secred and | nered uper per and co on as prov nature (RI | st and o impleste itterfor | ubve to act herhorman r in Chapter | in this capacity. It of my duties, a | 1 | |
| | | 1 | Page I of 2 | | | | | | |

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| (((H15000198971 3))) ARTICLE 1V- | |
|---|--|
| | to manage and control the Limited Liability Company: |
| Title: "AMBR" = Authorized Mamber "MCD" = Manager | Name and Address; |
| "MGR" = Manager MGR | OSCAR JACINTO NIEVES Conesa 2266 Piso 6 |
| · | Bucnos Aires, Republic of Argentina 1428 |
| MGR | MARIA DEL CARMEN CASTILLO Conesa 2266 Pixo 6 |
| | Buenos Aires, Republic of Argentina 1428 |
| MGR : | PABLE CEPERINO NIEVES |
| | Conesa 2251 Piso 5, Dio, B Buenos Aires, Republic of Argentina 1428 |
| MGR | MARIA LAURA NIEVES Concsa 2266 Piso 6 Bucuos Aires, Republic of Argentina 1428 |
| | Bucuos Aires, Republic of Argentina 1428 |
| (Use attachment if necessary) | |
| RTICLE V: Effective date, if other than the date of filing: | , (OPTIONAL) |

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any,

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 805,0203 (1) (b), Florida Statutes. 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.817.135, F.S.

Juan A. Sanchez, Esq. Authorized Representative
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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