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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

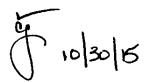
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COVER LETTER

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TO:	Registration Section Division of Corporations		
	Golfruit, LLC		
SUBJE	CT:	Limited Liabili	ty Company
		Similar Blasin	, company
The enc	losed Articles of Organization and fee(s	s) are submitted	for filing.
Please re	eturn all correspondence concerning thi	s matter to the fo	ollowing:
	Tomas del Campo and Jorge Dutre	у	
		Name of	Person
	Golfruit, LLC		
	A. W	Firm/Coi	npany
	0220 Ave Santa Maria, Piso 2		
		Addre	SSS
	Providencia, Santiago Chile		
	t_delcampo@yahoo.com	City/State and	Zip Code
	E-mail address: (to be v	ised for future ai	nnual report notification)
For furthe	er information concerning this matter, pl	ease call:	
	Tomas del Campo	857	207-5781
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
\$125.00	Filing Fee \$130,00 Filing Fee & Certificate of Status	LCertifie	Stiling Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314] [(New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	y Color	FILED
The name of the Limited Liability Company is:		45 OCT 26 PH 12: 40
Golfruit LLC		MORE FARY OF STATE
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	ALT JEAN CE, PEURIDA
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:	
Principal Office Address:	Mailing Addı	ress:
0220 Ave Santa Maria, Piso 2 Providencia, Santiago Chile	0220 Ave Santa Maria, Pisco Providencia, Santiago Chile	02
The name and the Florida street address of the registered agent at REGISTERED AGE		
Name		
3030 N. Rocky Po		
Florida street address (P.O. F		
Tampa, FL 33 City St	ate Zip	
Having been named as registered agent and to accept service of proplete designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as regist	cess for the above stated limited liab as registered agent and agree to act the proper and complete performan	in this capacity. I ce of my duties, and I
Bel Hame Bill H	avre/Secretary/Registered	Agents Inc.
Registered Age	ent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Tomas del Campo
	0220 Ave Santa Maria, Piso 2 Providencia, Santiago Chile
AMBR	Jorge Dutrey 0220 Ave Santa Maria, Piso 2
	Providencia, Santiago Chile
(Use attachment if necessary)	
EV: Effective date, if other than the date ective date is listed, the date must be spof filing.) If the date inserted in this block does not iment's effective date on the Department	e of filing:
LEV: Effective date, if other than the date ective date is listed, the date must be spoof filing.)	meet the applicable statutory filing requirements, this date will not be to of State's records.
LE V: Effective date, if other than the date lective date is listed, the date must be spoof filing.) If the date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a magnetic than the date must be spoof to the date	meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) If the date inserted in this block does not iment's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic than aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be a of State's records. May 2466 member or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State
LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) If the date inserted in this block does not imment's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed a many false constitutes a third degree Meganic Megani	meet the applicable statutory filing requirements, this date will not be a of State's records. May Dabto member or an authorized representative of a member. meted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. gan A. Ralstin, Colby Law Office, P.C. Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent