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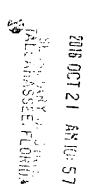
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Section Division of Corporations
our in	FIRMA ARGENTINA LLC
SUBJE	CT: Name of Limited Liabitity Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	GABRIELA KERSZENBLAT
	Name of Person
	FIRMA ARGENTINA LLC
	Firm/Company
	2560 NE 190TH ST SUITE I
	Address
	AVENTURA/FLORIDA 33180
	City/State and Zip Code MARTINZELIKSON@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
f or turtho	er information concerning this matter, please call:
	MARTIN ZELIKSON 786 6143254 at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
¯\$125.00 ⊒	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section
Division of Conporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			FILEU	
FIRMA ARGENTIN	VA LLC		2016 OCT 21 AH 10: 5	
(Must encl	with the words."Limited	Liability Company, "I	L.C.," or "LLC." YALL AHASSEE THAN	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited Lie	ability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
2560 NE 190TH ST SUITE 1 AVENTURA/FLORIDA 33180			2560 NE 190TH ST SUITE I AVENTURA/FLORIDA 33180	
The name and the Florida street	address of the registered			
	2560 NE 190TH ST	SUITE I		
	Florida street addres	s (P.O. Box <b>NOT</b> acce	ptable)	
	AVENTURA	FLORIDA	33180	
	City	State	Zip	
place designated in this certificate	I hereby accept the apport of the apport of all statutes replications of my position of the apport o	oi <mark>ntment as registered</mark> a elating to the proper an		

(CONTINUED)
Page 1 of 2

1	ARTICLE IV- The name and address of eac	ii person authorized	to manage and control the L	2016 OCT	21 AMIO
1	<mark>l'itle:</mark> 'AMBR" = Authorized Mem	her	Name and Address:		- 1 An IU: 57
"MGR" = Manager AMBR		GABRIELA KERSZENI 2560 NE. 1900 EST SUT AVENTURA/FLORIDA	LE 1	SSEE, FLORIO,	
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(	Use attachment if necessary	)			
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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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