

Division of Corporations

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L16000220530

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: aperez@rascoklock.com

**FLORIDA LIMITED LIABILITY CO.
RALONS AMERICA/GOVERNMENT BUSINESS
DEVELOPMENT**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. - Name

The name of the Limited Liability Company is:

RALONS AMERICA/GOVERNMENT BUSINESS DEVELOPMENT JOINT VENTURE, LLC

ARTICLE II. - Address

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

166 MADEIRA AVENUE
Coral Gables, FL 33134

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

The name and the Florida street address of the registered agent are:

ALFONSO J. PEREZ, ESQ.
2555 Ponce de Leon Blvd.
Suite 600
Coral Gables, Florida 33134

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, Florida Statutes.

Audit No: H16000298964 3
This instrument was prepared by:
Alfonso J. Perez, Esq.
Rasco Klock Perez & Nieto, P.L.
2555 Ponce de Leon Blvd., Suite 600
Coral Gables, Florida 33134
(305) 476-7100

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REGISTERED AGENT:


Alfonso J. Perez

ARTICLE IV. - Management:

The Limited Liability Company is to be managed and controlled by one or more managers.

The names and addresses of the managers who are to serve as initial managers are:

Name of Manager:

MARIANO AGUILO

Name of Manager:

JUAN CARLOS LEY

ARTICLE V: Effective date, if other than the date of filing:
_____. (OPTIONAL)

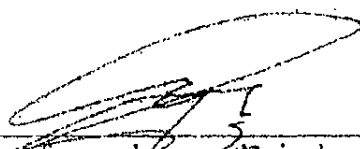
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

Audit No.: H16000298964 3
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Signature of a member or 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.)

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