

MAY/15/2017/MON 01:44 PM

FAX No.

P. 001/003

5/15/2017

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6381

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TALLAHASSEE, FLORIDA

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
OLMEDO BROKER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 16 2017
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OLMEDO BROKER LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**AVENIDA ESPORA 630 CP1846 ADROGUE
PARTIDO DE ALMIRANTE BROWN
PROVINCIA DE BUENOS AIRESSAME**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

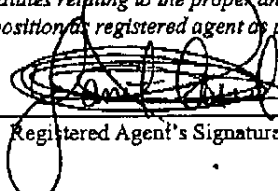
EXPRESS CORPORATE FILING SERVICE INC

Name

1000 PONCE DE LEON BLVD STE: 105Florida street address (P.O. Box NOT acceptable)

<u>CORAL GABLES</u>	<u>FL</u>	<u>33134</u>
City	State	Zip

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**DIEGO MARTIN OLMEDOAvenida Espora 630 CP 1846 Adroque Partido de
Almirante Brown Provincia de Buenos AiresAMBRJESICA VANESA BORNERAvenida Espora 630 CP 1846 Adroque Partido de
Almirante Brown Provincia de Buenos Aires

(Use attachment if necessary)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203 (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.817.155, F.S.DIEGO MARTIN OLMEDO

Typed or printed name of signer

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)