# Florida Department of State

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# FLORIDA LIMITED LIABILITY CO. INVERSIONES TROPICARIBE SA, LLC

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Estimated Charge	\$155.00

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#### ARTICLES OF ORGANIZATION FOR

#### INVERSIONES TROPICARIBE SA, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

#### INVERSIONES TROPICARIBE SA, LLC

ARTICLE II - ADDRESS:

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

C/O: 1390 Brickell Avanue, Suite 200 Miami, Florida 33131

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by a manager, or managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address(es) of such manager(s) who is/are:

SALVADOR A. TERMINI

C/O: 1390 Brickell Avenue, Suite 200 Miami, Florida 33131

JORGE R. CHABAN

C/O: 1390 Brickell Avenue, Suite 200 Miami, Florida 33131

This Instrument Prepared By:

Alvaro Castillo B., Esq. 1390 Brickell Avenue, Suite 200 Miami, Florida 33131 (305) 371-5540 Florida Bar No. 611761

## ARTICLE V - AIMITECTO OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be by (i) unanimous resolution and consent of the remaining members under the same terms and conditions as set forth from time to time by the remaining members and by (ii) filing a supplemental affidavit of capital contributions with Department of State, State of Florida setting Forth the actual contributions of all members.

### ARTICLE VI - MEMBERS RECEIPS TO CONTINUE EDSINGES:

The right if given; of the remaining members of the limited liability company to continue the positions on the death, retirement, restination, expulsion; bankingtey, or dissolution of a membership of a member in the limited liability company shall be as set forth in a unadimens resolution and consent of the remaining members and in the event there are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability empany shall be dissolved.

The UNDERSIGNED Member or authorized Representative, for the purpose of forming a Limited Liability Company to do business within the State of Elorida, spes make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.

Joseph M. CHAPAN, Memager

\*

#### CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTER OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0203 (1) (b), FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTER AGENT, THE STATE OF FLORIDA.

1. The name of the limited liability company is:

#### INVERSIONES TROPICARIBE SA, LLC

2. The name and address of the registered agent and office is:

ALVARO CASTILLO B., P.A. 1390 Brickell Avenue Suite 200 Miami, Florida 33131 17 JUN - I AM 9: 04

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 AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPAY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER AGENT.

partie 15

J. 30.17

SIGNATURE

DATE