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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
MISSION XC99, LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

Mission XC99, LLC

ARTICLE II – Address:

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

Principal Office Address:

11419 NW 122nd Street
Miami, FL 33178

Mailing Address:

11419 NW 122nd Street
Miami, FL 33178

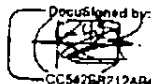
ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Korina M. Ravelo-Pomares

11419 NW 122nd Street
Miami, FL 33178

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.

DocuSigned by:

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Registered Agent's Signature

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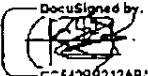
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ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Korina M. Ravelo-Pomares
AMBR	Miguel Angel Cordo

REQUIRED SIGNATURE:

DocuSigned by:

CC64204212AB428...

Signature of a member or an 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.)

Korina M. Ravelo-Pomares

Typed or printed name of signee

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