

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 274-7580
Fax Number : (305) 351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vva@bilzin.com

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
ABBA Capital LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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SECRETARY OF STATE
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:

ABBA Capital LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:1770 Bayshore DriveAria on the Bay Unit 3610Miami, FL 331331770 Bayshore DriveAria on the Bay Unit 3610Miami, FL 33133

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:

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Rd., Suite 221 EFlorida street address (P.O. Box NOT acceptable)Palm Beach GardensFlorida33410

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 615, F.S.

Timothy Pratts, Special Secretary

Registered Agent's Signature (REQUIRED)

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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

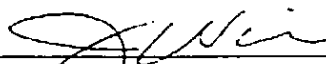
"MGR" = Manager

MGR**Name and Address:**Maria Stella GomezCalle 5A#39-93 Torre 2 Piso 2 Edificio CorfinMedellin, Colombia

(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.JENNIFER WINCEK

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)

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