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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

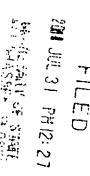
Office Use Only



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COVER LETTER

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TO: New	w Filing Section vision of Corporations					
SUBJECT:	RUIZ T	ame of Limi	og led Liability C	ompany		
	ed Articles of Organization a	•				
Please retur	n all correspondence concer-	ning this mat	ter to the follo	wing:		
	Gerr	man	RUIT Name of Per)		
						<u> </u>
	700	s sp) CUCE Address	St.		·
	Baix	<u> Drig</u>	City/State and	Zip Code	39819	
	German C E-mail address	s: (to be used	for future and	iual report notif	ication)	
For further	information concerning this	matter, pleas	se call:			
	German Name of Person	at (229 Area Code	Daytime Tele	- 2869 phone Number	<u></u>
	d is a check for the following Filing Fee S130.00 F	amount: Filing Fee & te of Status	Certific	0 Filing Fee & cd Copy 11 copy is enclos	Certific ed) Certifie) Filing Fee, tate of Status & d Copy al copy is enclosed)
	Mailing Address			Street Address New Filing Sect	ion	

New Fiting Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle.
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address: Principal Office Address:

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:

street address (P.O. Box NOT acceptable)

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	OBardino Ruiz Siman & T
AMBR	Adan Alvayez Alonso 5 8004 Farth Way 52 7
(Use attachment if necessary)	
(If an effective date is listed, the date must be s	ne of filing:
REOURED SIGNATURE:	A A A
	- Thurstone -
This document is exec	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
This document is exect 1 am aware that any fa constitutes a third deg	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

ARTICLE IV-