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COVER LETTER

10:	Division of Corporations
SUBJEC	LA FOURNEE USA LLC
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	ROXANA TUMBACO
	Name of Person
	CORNERSTONE TAX AND ACCT.SVCS. CORP
	Firm/Company
	4835 HOLLYWOOD BLVD SUITE 4
	Address
	HOLLYWOOD, FL 33021
	City/State and Zip Code ACCOUNTING@CORNERSTONETAXCORP.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	ROXANA TUMBACO 786 597 9461
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Siling Fee
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LA FOURNE USA LLC	
(Must contain the words "Limited Liabi	ility 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:
	of the Limited Liability Company is: Malling Address:
The mailing address and street address of the principal office	

(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:

CORNERSTONE TA	AX AND ACCT.SY	/CS. CORP
	Name	
4835 HOLLYWOOD	BLVD SUITE 4	
Florida street address	s (P.O. Box <u>NOT</u> as	cceptable)
HOLLYWOOD	FL.	33021
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 Agistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 AUG -7 AH 9: 08 SECRETARY OF SELTI-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	KARIM K CHOHRA
	CALLE 2 SUR # 33-29 BOSQUES ALFJANDRIA 8
	BARRIO POBLADO, COLOMBIA 00000
MGR	VINCENT G HOUDAILLE
	AVE 4 OESTE 5-310 TORRES DE MONTEVERDE
	BARRIO NORMANDIA, COLOMBIA 00000
(Use attachment if necessary) T.F.V: Effective data if other than the data of	of filings (OPTIONAL)
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.) If the date inserted in this block does not mean the date inserted on the Department of the Uther provisions, if any.	ect the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.) If the date inserted in this block does not mean the date inserted on the Department of CLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 of ect the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of effective date is listed, the date must be spece of filing.) If the date inserted in this block does not me cument's effective date on the Department of the Uther provisions, if any.	cific and cannot be more than five business days prior to or 90 d ect the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of effective date is listed, the date must be spee of filing.) If the date inserted in this block does not meanent's effective date on the Department of CLE VI: Other provisions, if any and ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a men	cific and cannot be more than five business days prior to or 90 ceet the applicable statutory filing requirements, this date will not be f State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.) If the date inserted in this block does not mecument's effective date on the Department of CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a men This document is execute	nber or an authorized representative of a member.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.) If the date inserted in this block does not mecument's effective date on the Department of CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a menting document is execute I am aware that any false in the second content is execute.	cific and cannot be more than five business days prior to or 90 deep the applicable statutory filing requirements, this date will not be state's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spee of filing.) If the date inserted in this block does not meanent's effective date on the Department of CLE VI: Other provisions, if any. AND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false in	nber or an authorized representative of a member. Indicated in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817:155, F.S.

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)