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COVER LETTER

	ew Filing Section vision of Corporations	
SUBJECT	Wego Tech Pro LLC	
		me of Limited Liability Company
The enclose	ed Articles of Organization and	fee(s) are submitted for filing.
Please retur	rn all correspondence concernin	ng this matter to the following:
	Alex Pina	
		Name of Person
	Alex Pina co.	
		Firm/Company
	8400 NW 36th St Ste 450	
		Address
	Doral, FL 33166	
c	client@alexpina.co	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further in	formation concerning this matt	er, please call:
	Alex Pina	844 941-1120 at ()
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amou	int:
\$125.00 Fil	ling Fee \$130.00 Filing I Certificate of S	
	Mailing Address New Filing Section	Street Address New Filing Section

New Filing 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 I - Name: The name of the Limited Liabi	lity Company is:		
Wego Tech Pro LL	С		
		ited Liability Compa	ny. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the princip	pal office of the Limi	ited Liability Company is:
Princi	pal Office Address:		Mailing Address:
8400 NW 36th St S	te 450	<u>8</u>	3400 NW 36th St Ste 450
Doral, FL 33166		<u>_</u>	Doral, FL 33166
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	y cannot serve as its	own Registered Age	agent's Signature: int. You must designate an individual or
The name and the Florida stree	t address of the regis	tered agent are:	
	Alex Pina co.		
		Name	
	8400 NW 36th S	t Ste 450	
	Florida street ad	dress (P.O. Box NO	T acceptable)
	Doral	FL	33166

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2813 SEP 27 AH 10: 0;

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR = Manager MGRM	Marcelo E Finkelberg
MOIM.	8400 NW 36th St Ste 450
	Doral, FL 33166
	Dotal, 1 2 33 100
MGRM	Nelson A Videla
	8400 NW 36th St Ste 450
	Doral, FL 33166
MGRM	Guillermo A Senn
	8400 NW 36th St Ste 450
	Doral, FL 33166
(Use attachment if necessary)	
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ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
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