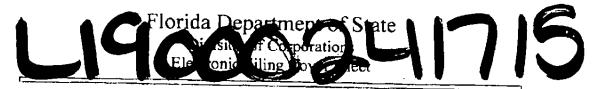
Division of Corporations

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	Account Number	120160000008	ŕ
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\*\*Enter the email address for this business entity to be used for future containings. Enter only one email address please.

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## FLORIDA LIMITED LIABILITY CO.

## Pontetresa USA, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

	ARTICLES OF ORGANIZATION FOI			
ARTICLE 1 - Nat	me: imited Liability Company is:			
The name of the Li	imited coaming Company is:			
Pontotr	esa USA, LLC			
<u></u>	(Must contain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Ad				
The mailing addres	is and street address of the principal	office of the Limi	ted Liability Company is:	
	Principal Office Address:		Malling Address:	
الماسسين الم	a dal maable ii aalla C. Lara Nic. co.	_		
	a del establo y calle C, Lote No. 50	S	ame as Principal Office Address	
Edificio	Site Center, Oficina 208, Cumbays	<u>S</u>	ame as Principal Office Address	
Edificio Quito 1	Site Center, Officina 208, Cumbays 70157, Ecuador			
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Fidiffeio Quito 1  ARTICLE III - Re The Limited Liabil another business er	Site Center, Officina 208, Cumbays 70157, Ecuador  registered Agent, Registered Office, lity Company cannot serve as its own attity with an active Florida registration of the registered  NRAI Services, Inc.  1200 South Pine Isla	& Registered An Registered Ageron.) d agent are:  Name	gent's Signature: it. You must designate an individual (	OF.
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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)

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2019 OCT -7 AHII: 35
TALLAHASSEE TINAK

	Name and Address.
Title: "AMBR" = Authorized Member	Name and Address:
*MGR* = Manager	
AMBR	Inversiones Pontetresa S.A.
- dvibit	(See address below)
	The sacret bolony
	Avenida del Establo y calle C, Lote No. 50
	Edificio Site Center, Oficina 208. Cumbaya
	Quito 170157, Ecuador
MGR	Diego Alfonso Naranjo Rivas
	(See address below)
	Avenida del Establo y Calle C. Lote No. 50
	Edificio Site Center, Oficina 208, Cumbaya
	Quito 170157, Ecuador
:Ffective date is listed, the date usust be speci ir of filing.)	filing:
CLE VI: Other provisions, if any.	State a rectudy.
L.P. VII: URDER DESVISIONS, 17 May.	/ i
REQUIRED SIGNATURE:	-/
REQUIRED SIGNATURE:	
Signature of a mean This document is executed I am aware that any false in	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.

Filing Feet:

\$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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