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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Pons de Viu, LEC			
	Name of Limited Liability Company			
The enclo	osed Articles of Organization and fee(s) are submitted for filing.			
Please re	turn all correspondence concerning this matter to the following:			
	John Ainsworth, Esq.			
	Name of Person			
	Ainsworth & Clancy PLLC			
	Firm/Company			
801 Brickell Ave., 9th Floor				
	Address			
	Miami, Florida 33131			
	City/State and Zip Code info@business-esq com			
	E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
	John Ainsworth 305 600-3816			
	Name of Person Area Code Daytime Telephone Number			
Enclosed	is a check for the following amount:			
\$125,001	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

lity Company, "L.L.C.," or "LLC.")
of the Limited Liability Company is:
or the finited mapiney Company is:
Mailing Address:
1100 Brickell Bay Drive #310747
Miami, FL 33231

The name and the Florida street address of the registered agent are:

Ainsworth & Clancy	, PLLC	
	Name	
801 Brickell Ave., 9	th Floor	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Miami	Florida	33131
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 605, F.S.,

(CONTINUED)

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: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Roberto Pons 1100 Brickell Bay Drive #310747 Miami, FL 33231 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: Signatury 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.

John Ainsworth, Esq. - Legal Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)