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NAME: PHOENIX CORPORACION LOGISTICA LLC

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AUTHORIZATION: ABBIE/PAUL HODGE

ARTICL	ES OF ORGANIZATION FOR I	LORIDA LIMITE	D LIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Li	iability Company is:			
	,,,			
Phoenix Corpor	acion Logistica, LLC			
	contain the words "Limited I	iability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
	eet address of the principal of	lice of the Limite	d Liability Company is:	
	or and principal of	nee of the Billine	a Emonity Company is:	
Pri	incipal Office Address:		Mailing Add	ress:
10983 NW 79th	ST	109	983 NW 79th ST	
Miami, FLI331			ami, FL 33178	
(The Limited Liability Corn another business entity will	Agent, Registered Office, & pany cannot serve as its own in an active Florida registration	Registered Agent.	nt's Signature: You must designate an in	idividual or
ine name and the Florida st	reet address of the registered	agent are:		
	C & J Accounting and		С	
		Name		
	1412 SW 147th Ave			
1 · · · · · · · · · · · · · · · · · · ·	Florida street address	(P.O. Box NOT	acceptable)	
),	Dambeolia Dina	r:	22007	
	Pembroke Pines City	FL State	33027	
į į	City	State	Zip	
Having been named as registe place designated in this certific further agree to comply with the am familiar with and accept the	cate, I hereby accept the appo he provisions of all statutes rel he obligations of my position a	intment as register ating to the prope s registered agent	red agent and agree to act or and complete performan	in this capacity. I
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ARTICLE IV-	
The name and address of each person auth	norized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" Authorized Member	*
"MGR" = Manager AMBR	E LILLA LIM
AWDR :	Fernando Javier Agreda-Meza
\$ 1	Miami, FL 33178
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<b>!</b>	
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(Use attachment if necessary)	
TICLE V: Effective date, if other than the date of	f filing: (OPTIONAL)
an effective date is listed, the date must be speci	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days
date of filing.)	• • •
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rete: If the date inserted in this block does not meet document's effective date on the Department of TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	State's records.   Haw
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