Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

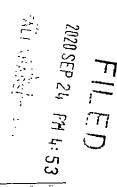
Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	· `
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FLORIDA LIMITED LIABILITY CO. ZISA INTERNATIONAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



ARTICLES OF ORGANIZATION FOR . FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:			
ZiSa International LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
6484 SW 166 BC			
MIAMI FL 33193			
The name and the Florida street address of the registered agent are: (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.) Alberto Alexander Marguez 6484 Sw 1664 ct			
MIAHI FL 33193			
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)			
Alberto Alexander Marquez (MBR)			

Required Signatures:	Ę	
N.	1/1/1/	
i All		
Signature of a member	Julius Vien authorize	d representative of a member.
In annual Control	***	a representative of a member.
I am aware that any false info	mation submitted in	Statutes, the execution of this document jury that the facts stated herein are true. a document to the Department of State wided for in s.817.155, F.S.
Albert	6 Alexander	Hardvez
1 Type	ed or printed nan	ne of signee

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 im Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)