Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Cor	nonations	٠ ۾	3
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	Fax Number	: (850)617-6381	. 7	70
From:				-
•	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	Ei-	\wedge
	Account Number			4
	Phone	; (305)552-5973		٠.
	Fax Number	: (305)675-5944		I.
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		a way because entity to be used for futur	٠.	
Ent	er the email add	ess for this business entity to be used for futur illings. Enter only one email address please.	•	C.

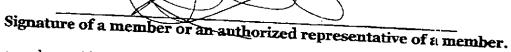
FLORIDA LIMITED LIABILITY CO. LOGISTIC MEGA ENVIOS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Logistic Nega envios Ise.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit Company is:		
Company is:	y	
	7.2	20
3395 Grand Ave ADIO 11	2 2 2 21.00	10(T 29
miami F1 33133		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited L		<u></u> (
2395 Grand Ave Abboll Viami PC 33133		
Altonso Pedro trujillo Gedeon	<u>·</u>	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		
Affonso Pedro Trujillo Gedeon (AM	BR)
		····
		
		-

Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Afonso Dedro frujilo Gedeon
Typed or printed name 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 in thanter for I.S.

Registered Agent's Signature (REQUIRED)