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Special Instructions to	Filing Officer:	
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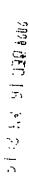
Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PREZ LLC	<del>-</del>		
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
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org.nature			Vehicle Search
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Requested by: SET	ГН		UCC 1 or 3 File
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Name	Date	Time	UCC II Retrieval
Walk-In	-	·	Courier

## COVER LETTER

то:	O: New Filing Section Division of Corporations	
SHRIE	PREZ LLC J <b>BJECT</b> :	
SOBJE	Name of Limited Liability Company	
The en	ne enclosed Articles of Organization and fee(s) are submitted for filing.	
Please	ease return all correspondence concerning this matter to the following:	
	Marcell Felipe	
	Name of Person	
	Marcell Felipe Attorneys	
	Firm/Company	
	1001 Brickell Bay Drive Suite 2730	
	Address	- 11-
	Miami, FL 33131	
	City/State and Zip Code nmunoz@marcellfelipe.com	
	E-mail address: (to be used for future annual report notificat	ion)
For furtl	further information concerning this matter, please call:	
	Natalia Munoz 305 381-8500 at ()	
	Name of Person Area Code Daytime Telephon	
Enclos	nclosed is a check for the following amount:	
		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporatP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CentTallahassee, FL 3230	er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:			
PREZ LLO				
(	Must contain the words "Limited	Liability Company, "L	L.C.," or "LLC.")	_
ARTICLE II - Addre The mailing address a	ess: nd street address of the principal	office of the Limited Li	iability Company is:	
	Principal Office Address:		Mailing Address:	
1001 Brick Miami, FL	xell Bay Drive Suite 2730 33131		rickell Bay Drive Suite 2730 FL 33131	 
(The Limited Liability	stered Agent, Registered Office Company cannot serve as its ow y with an active Florida registrati	n Registered Agent, Yo	s Signature: ou must designate an individual or	
The name and the Flor	rida street address of the registere	ed agent are:		2
	Marcell Felipe, P.A			£7,6
		Name		DE(
	1001 Brickell Bay [	Drive Suite 2730		2070 DEC 16
	Florida street addre	ss (P.O. Box <u>NOT</u> acce	eptable)	
	Miami	Florida	33131	<u> </u>

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

10: 12

	Title:		Name and Address:
	"AMBR" = Authorized	l Member	Thing And Tada Cast
	"MGR" = Manager		
	MGR		Lina María Echeverri Perez
	<u> </u>	<del>-</del>	1001 Brickell Bay Drive Suite 2730
			Miami, FL 33131
	MGR		Camila Botero Echeverri
	Mote	-	1001 Brickell Bay Drive Suite 2730
			Miami, FL 33131
			Whalli, FC 55151
		*	
		-	
	(Use attachment if nece	:ssary)	
(II an e: the date	nective date is listed, the of filing.)	date must be specific a	g:
(II an es the date <u>Note:</u>	Hective date is listed, the e of filing.) If the date inserted in this	e date must be specific a s block does not meet the	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
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(II an extended the date in the document of th	If the date is listed, the of filing.)  If the date inserted in this ument's effective date or LE VI: Other provisions.  REOUIRED SIGNAT	s block does not meet the the Department of State if any.  "URE:  "URE:  "Gignature of a member of comment is executed in a	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as e's records.

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)

Lina María Echeverri Perez

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-