

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6387

From:

Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : 719990000317
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CAVIBO, LLC.

Certificate of Status	0
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Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

CAVIBO, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

CAVIBO, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**2801 NE 183RD ST APT 609
AVENTURA, FL, 33160**

The mailing address shall be:

**2801 NE 183RD ST APT 609
AVENTURA, FL, 33160**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

PALOMA BORES

2801 NE 183RD ST APT 609
Florida Street address (P.O.BOX NOT acceptable)
AVENTURA, FL, 33160
City, State, and 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

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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.



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

PALOMA BORES
2801 NE 183RD ST APT 609
AVENTURA, FL, 33160

MANAGER

FELIPE CASTRO
2801 NE 183RD ST APT 609
AVENTURA, FL, 33160

MANAGER

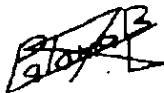
ALMUDENA BORES
15051 ROYAL OAKS LN APT 605
N. MIAMI, FL, 33181

MANAGER

RAFAEL VILLALOBOS
15051 ROYAL OAKS LN APT 605
N. MIAMI, FL, 33181

MANAGER

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.
(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.)

PALOMA BORES
Typed or printed name of signee