Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000202277 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

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

r1	Address:				
FMAIL	Address:				

FLORIDA LIMITED LIABILITY CO. CHARDONAY INVESTMENT LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

CHARDONAY INVESTMENT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Muiling Address:
1110 BRICKELL AVE	
STE 400 K-14	SAME
MIAMI, FL 33131	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

NORKA BABINO	Name	
1110 BRICKELL A		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	(ceptable)
MIAMI	FL	33131
City	State	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 the appoinment 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 (REQUIRED)

(CONTINUED)

2121 MAY 20 PM 3: 04

Page: 4 of 4

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager HELENA FERNANDA ASTORGA VALCARCEL MGR 1110 BRICKELL AVE STE 400 K-14 MIAMI, FL 33131 VALERIA ALEIANDRA ASTORGA FUENTES MGR1110 BRICKELL AVE STE 400 K-14 MIAMI, FL 33131 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S. VALERIA ALEJANDRA ASTORGA FUENTES 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) \$ 5.00 Certificate of Status (Optional)