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Division of Corporations

Fax Number

3052201440

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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FLORIDA LIMITED LIABILITY CO. **GRUPO TITAN LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

3052201440

The name of the Limited Liability Company is: (Must end with the words Limited Liability Company, T.L.C., or T.L.C.)

GRUPO TITAN LLC

ABTICLE II - Address:

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

6104 NW 114th PL APT 212, MIAML FL, 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Libbility, Company cannot serve as its own Registered Agent. You must designate an individual or another business-entity with an active Florida registration.)

ALFONSO BLASINI MACHIN

6104 NW 114th PL APT 212, MIAMI, FL, 33178

ARTICLE IV.

The name and title of each person authorized to manage and control the Limited Liability Company:

ALFONSO BLASINI MACHIN, Authorized Member

WALTER DAVID PEÑA BORDONES, Authorized Member

Required Signatures:

AC

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. 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.

ALFONSO BLASINI MACHIN

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 Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

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