

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
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.  
TECONTE INVESTMENT, LLC.

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

**TECONTE INVESTMENT, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**TECONTE INVESTMENT, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**600 NE 36<sup>TH</sup> ST APT 1706  
MIAMI, FL. 33137**

The mailing address shall be:

**600 NE 36<sup>TH</sup> ST APT 1706  
MIAMI, FL. 33137**

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

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

**MARIA VICTORIA DI PAOLO**

**600 NE 36<sup>TH</sup> ST APT 1706**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI, FL. 33137**  
City, State, and Zip

STATE  
TALLAHASSEE, FL

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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**

#### ARTICLE IV- MANAGEMENT

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

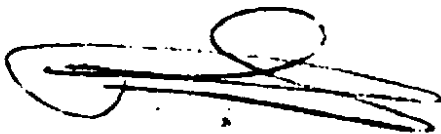
**MARIA VICTORIA DI PAOLO**  
600 NE 36<sup>TH</sup> ST APT 1706  
MIAMI, FL. 33137

**AMBR**

**MARGARITA MARIA JALED**  
600 NE 36<sup>TH</sup> ST APT 1706  
MIAMI, FL. 33137

**MANAGER**

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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.)

**MARIA VICTORIA DI PAOLO**  
Typed or printed name of signee