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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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

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. MECA 305 LOGISTICS LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLE I - Name:

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

The name of the Limited Liability Company is:	
MFCA 305 Logistics LLC.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
10520 NW 78th St Apt 306	
Doral Florida	
33178	- -
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite: Liability with an active Florida registration.)	_
Ivan Antonio Cabrera Alvarado	
10520 NW 78th St Apt 306 30	_
Doral F1 33178	_
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
TORO ANTONIO CABRERA ALVARADO - AMBR S	
NEXAMAR GABriel Avilan Pacheco - MGR	<u> </u>
	-
	_

Required Signatures:

3052201440

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.

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)