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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

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#### FLORIDA LIMITED LIABILITY CO. INVERSIONES FJM LLC.

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
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3

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

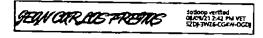
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The name and the Company cannot serve as with an active Florida re	Florida s its own Reg gistration.)	l Agent, Registered O street address of the reg istered Agent. You must design	istered agent are:	The Limitea· Licbility her business entity		
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JEAN CARLOS DE	FREITAS	(MGR)				_
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PAGE 03/03

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#### Required Signatures:



## 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

### JEAN CARLOS DE FREITAS

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 is provided for In Chapter 605 . F.S.

Registered Agent's Signature (REQUIRED)