## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. SGLEAN USA LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

SGLEAN USA LCC	FIE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	<del>-</del>
6890 WEST FLAGLER ST SUITE ZOB MIAMIFL	<del></del>
33144	
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)	_
LEANDRO SOTO GUINOVART 6890 WEST FLAGLER ST SUITE 208	-
MIAMI FL 33144	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Leandro SoTo buiNovart AMBR	
Joel Soconno Hernqueez AMBR	

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 1 erein 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.

Leandro Soto GUINOVAR

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 a provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)