Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789

Fax Number : (718)408-2550

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: marcosraul.cobena@vanecuador.com

FLORIDA LIMITED LIABILITY CO. 8450 Nemours Pkwy LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

From: 17184082550 To: 18506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: 8450 Nemours Pkwy LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 8450 Nemours Pkwy 8450 Nemours Pkwy Orlando, Florida 32827 Orlando, Florida 32827 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| | Name | |
|-----------------------|---------------------------|------------|
| 8450 Nemours Pkwy | Y | |
| Florida street addres | ss (P.O. Box <u>NOT</u> a | eceptable) |
| Orlando | FL | 32827 |
| | | |

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..

| /S/ Marcos Cobena | |
|---|---|
| Registered Agent's Signature (REQUIRED) | _ |

(CONTINUED)

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From:17184082550 To:18506176381

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| <u>l'itle:</u> | | Name and Address: |
|--|---|---|
| MGR" = Mana | norized Member | |
| AMBR | Ret | Marcos Cobena |
| | | 8450 Nemours Pkwy |
| | | Orlando, FL 32827 |
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