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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

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FLORIDA LIMITED LIABILITY CO. CC COMMERCE GROUP LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.)
CC COMMERCE GROUP UC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 2800 Glades Circle Suite E-107 WESTON FL 33327
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
VICTOR GERARDO ROSPIGUEZ COUTINHO
2800 GLADE GRELE SUITE E-107
WESTON FL 33327
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: Robriguez Couting Victor GERARDO AMBR
PERDONO COMERMA MAYRA JOSEFINA (AMBR)

Required Signatures:

3052201440

Signature of a member or an authorized representative of 1 member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution f this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. l 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.

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 606, F.S..

Registered Agen's Signature (REQUIRED)