Division of Corporations iorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**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. Oil Test International de Honduras SA, LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Oil Test International de Honduras SA, LLC	
(Must contain the words "Limited Liability Com	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17001 Collins Avenue, Apt. 3204	17001 Collins Avenue, Apt. 3204
Sunny Isles Beach, FL 33160	Sunny Isles Beach, FL 33160
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered Marcelo Alejandro Salerno	Agent. You must designate an individual or another
Name 17001 Collins Avenue, Apt. 3:	204
Florida street address (P.O	
Sunny Isles Beach	FL 33160
City	Zip
place designated in this certificate, I hereby accept the c further agree to comply with the provisions of all statutes	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this capacity. I relating to the proper and complete performance of my duties, and I osition as registered agent as provided for in Chapter 605, F.S
$Q \mapsto 0$	Marcelo Alejandro Salerno
anum	By: Lauren Underwood, Attorney-in-Fact
	(CONTINUED)

<u>Fitle:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager Manager, President, Vice President	Marcelo Alejandro Salerno	
	17001 Collins Avenue, Apt. 3204,	
Manager, Secretary,	Sunny Isles Beach, FL 33160	
Treasurer, AMBR	Alejandra Beatriz Cainelli	
	17001 Collins Avenue, Apt. 3204,	
	Sunny Isles Beach, FL 33160	
		
(Use attachment if necessary)		
CLE V: Effective date, if other than the deflective date is listed, the date must be steer the date of filing.)	nte of filing: (pecific and cannot be more than five busines	OPTIONAL) ss days prior to or 90 cale .
CLE VI: Other provisions, if any.		22 171
		SEP SEP
		Uc:
		FILED P-2 PH IASSEELT

(In accordance with section 605,0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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.)

Marcelo Alejandro Salerno, Manager, By: Lauren Underwood, Attorney-in-Fact
Typed or printed name of signee

Signature of a member or an authorized representative

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$\$5.00 Certificate of Status (Optional)