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(850) 524-6243	
PLEASE USE FUNDS FROM ACC	T: 120210000160 AMOUNT: \$ 130.00
AUTHORIZATION:	Hull
Acha Orlando LLC	D
Business Name	Document Number, (if known):
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Mail out	Will wait Photocopy
NEW FILINGS	<u>AMMENDMENTS</u>
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit X Limited Liability	Resignation of R.A. Officer/I Change of Registered
Domestication	Change of Registered Dissolution
Other	Merger
CORP	_Conversion
PLLC	Statement of Revocation Diss
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing
received and	Limited Partnership
Fictitious Name	Reinstatement
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: ACHA ORLANDO LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Maria Celeste Mestre IWPS PO Box 830726 Miami, FL 33283 admin@iwps-latam.com

For further information concerning this matter, please call:

Maria Celeste Mestre at 305-408-9790

Enclosed is a check for the following amount:

□\$130.00 Filling Fee & Certificate of Status (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES

OF

ORGANIZATION

FOR

FLORIDA LIMITEDLIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ACHA ORLANDO LLC

(Must contain 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:

7101 SW 112 Place

Miami, FL 33178

Mailing Address:

PO Box 830726 Miami, FL 33283

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

CA Corporate Services Inc. 7101 SW 112 Place Miami, FL 33173

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.

Registered Agent's Signature (REQUIRED)

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager "AR" = Authorized Representative	
MGR	Jaime Chavez Alvarez PO Box 830726 Miami, FL 33283
MGR	Octavio Mestre PO Box 830726 Miami, FL 33283

ARTICLE V:

Effective date: Date of filing

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.Ş.

International Wealth Planning Solutions LLC