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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. NT INTERNATIONAL SERVICES LLC

Certificate of Status	1
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7077

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the name of the Limited Liability Company is:		
NT International Services W.C		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li Company is:	ability	
8901 SW 157 AUR Suite 16-188	i	
Miami - FL 33196		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite 1 L Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) TUIS ACEUEDO	abilisy.	
8901 SW 157 Ave suite 16-10	98	
Miami-FL 33196		23
ARTICLE IV The name and title of each person authorized to manage and control the Lin it Liability Company: (MGR or AMBR)	ed	GILLA OZKYF
IVIS ACEUEDO (AMBR)	; ÷	35 5
		: -

Required Signatures:

3052201440

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 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.

IVIS ACEUE DO

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 agen: as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)