Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."*	То:	Division of Corporations			
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."*		Fax Number : (850)617-6381			
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FLORIDA LIMITED LIABILITY CO. PLANIFICA TUS SUENOS LLC

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Electronic Filing Menu

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:
PLANIFICA TUS SUENUS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
13498 NW 7st MIAMI FL 33125
7A S 20
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: The Limited Liability with an active Florida registration.) SHAR NOGUEIRA PANE QUE 2490
3498 NW 75+ MIAMI FL 33125
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) OSMAY NOGUEITA PANEGUE (AMBR)

. . . .

Required Signatures:

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.3.

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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

ALLAHASSTE, ELORIDA