

L23000115881

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
BRAIN US LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FILED
23 MAR 13 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

57:4 11 0 . 00

ee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRAIN US 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:

Mailing Address:

1600 PONCE DE LEON BLVD

10th FLOOR

CORAL GABLES, FL 33134

SAME

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

(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.)

The name and the Florida street address of the registered agent are:

BRAIN PBD US, CORP

Name

1600 PONCE DE LEON BLVD 10th FLOOR

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES

FL

33134

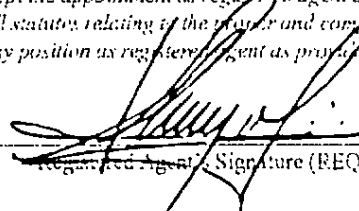
City

State

Zip

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.

②



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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23 MAR 13 PM 12:30
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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

AMBR

BRAIN PBD US. CORP.
1600 PONCE DE LEON BLVD 10th FLOOR
CORAL GABLES, FL 33134

AMBR

JULIO E. LIGORRIA
363 ARAGON AVE APT. 813
CORAL GABLES, FL 33134

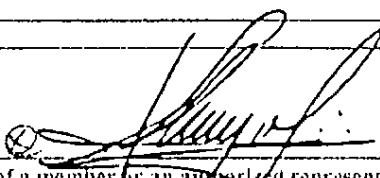
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

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 Statute.
 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.317.155, F.S.

JUAN ALBERTO ALVAREZ

Typed or printed name of signee

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 23 MAR 13 PM 12:37
 DEPARTMENT OF STATE
 COMMUNICATIONS SECTION