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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : REAL DREAMS USA LLC
Account Number : 128220000045
Phone : (786)428-1297
Fax Number : (786)226-0501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@realdreams-usa.com

FLORIDA LIMITED LIABILITY CO.
INVERSION ARGENTINA LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSION ARGENTINA 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:

158 NW 92ND AVE
PEMBROKE PINES, FL 33024

Mailing Address:

158 NW 92ND AVE
PEMBROKE PINES, FL 33024

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:

REAL DREAMS USA LLC

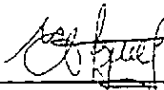
Name

6067 HOLLYWOOD BLVD SUITE 207

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

<u>HOLLYWOOD</u>	<u>FLORIDA</u>	<u>33024</u>
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, and 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)

(CONTINUED)

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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

MGR

LEIVA, ALEJANDRO
158 NW 92ND AVE
PEMBROKE PINES, FL 33024

AMBR

BURGATTA, LILIAN
158 NW 92ND AVE
PEMBROKE PINES, FL 33024

AMBR

BRAVO, CARLOS DANIEL
158 NW 92ND AVE
PEMBROKE PINES, FL 33024

AMBR

RANDO, ANIBAL
158 NW 92ND AVE
PEMBROKE PINES, FL 33024

AMBR

ROMERO, ROXANA
158 NW 92ND AVE
PEMBROKE PINES, FL 33024

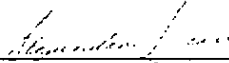
(Use attachment if necessary)

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 filed 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 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.S.

ALEJANDRO LEIVA

Typed or printed name of signee

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)

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