Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

FCE VED U.24 PM 4:04 The Pations ATLAS FX INTERNACIONAL.

Certificate of Status

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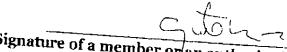
Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	~ + ** [
ARTICLE I - Name: The name of the Limited Liability Company is:		
ATLAS FX INTENNACIONAL LLC		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
7227 GALEA		
2332 GALIANO STREET	2Nd Floor	
Calal GABles 33134 F.L.	7.09 1 1-01	
ARTICLE III - Registered Agent, Registered Office:		
The name and the Florida street address of the registered agent Company cannot serve as its own Registered Agent. You must designate an individual or another than active Florida registration.)	are: (The Limited Liability	
egonator)		
GUSTAVO VERA ESPINOZA		
2332 GALIANOSTREET 2Nd	(1	
COLL CHARLET ZNO	+100L	
CORAL GABLES 33134 FL.	- 	
ARTICLE IV		
The name and title of each person authorized to manage and con Liability Company: (MGR or AMBR)	atrol the Limited	
	202:	
GUSTAVO VERA ESPINOZA	AMRO E	
ALEJANDO VERA GANCIA	41.00	
Pro 1 + GARCIA	AMBIZT	
Ricando FERNANDEZ	AMBRZZ G.	
ANDRES VERA GARCIA	AMBR	
	ただしいに	



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.

GUSTAVO VERA ESPINOZA

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 agnes 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 ager 1 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)