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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : FOREING SOLUTION

Account Number : 120200000035 Phone : (786)599-4140 Fax Number : (954)327-2771

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

Email Address: |garrido@foreignsolution.com

FLORIDA LIMITED LIABILITY CO. AFESH LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130,00

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Help

To:

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.)

AFESH LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7300 W McNab Road. Suite 220 Tamarac, FL 33321

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity with an active Florida registration.)

FOREIGN SOLUTION 2.0 LLC 2200 N. Commerce Parkway, Suite 200 Weston, FL 33326

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

LEANDRO SRUR - MBR ROCIO RUIZ - MBR FACUNDO BARRONI - MBR

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.S.

LEANDRO SRUR

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)