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**FLORIDA LIMITED LIABILITY CO.  
ARIA DESIGN USA, LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:****ARIA DESIGN USA, LLC****ARTICLE II - Address:**

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

**Principal Office Address:**971 NW 185<sup>th</sup> Avenue  
Pembroke Pines, Fl. 33029**Mailing Address:**971 NW 185<sup>th</sup> Avenue  
Pembroke Pines, Fl. 33029**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:

Mariella Alexandra Orozco Dapelo

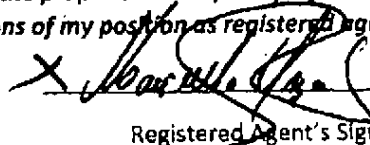
Name

971 NW 185<sup>th</sup> AvenueFlorida street address (P.O. Box NOT acceptable)

Pembroke Pines FL 33029

Miami 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 provide for in chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

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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**

Mariella Alexandra Orozco Dapelo

971 NW 185<sup>th</sup> Ave

Pembroke Pines, Fl. 33029

**AMBR**

Martha Maria Mora Font

971 NW 185<sup>th</sup> Ave

Pembroke Pines, Fl. 33029

(Use attachment if necessary)

**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.

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