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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. MOS Mining International LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

Fax: 8134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MOS Mining International 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:
3833 Powerline Rd	3833 Powerline Rd
Suite 201	Suite 201
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309

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:

Northwest Registered Agent LLC				
	Name			
7901 4th St N		STE 300		
Florida street addres	is (P.O. Box No	OT acceptable)		
St. Petersburg	FL	33702		
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..

Registe ed Agent's Signature (REQUIRED)

(CONTINUED)

ARTI	101	E.	IM.
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The name and address of each person authorized to manage and control the Limited Liability Company:

e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nument's effective date on the Department of State's records.	uthorized Manhor	Name and Address:
Delgado, Angela Carla Soto 3833 Powerline Rd Suite 201 Fort Lauderdate, FL 33309		
(Use attachment if necessary) T.E.V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 96 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no enter the only of the 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. Nat Smith Typed or printed name of signee Filing Fees;	•	Inlanda Assala Cada Cata
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