Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (305)672-0686

Phone Fax Number

: (305)672-9110

LIMITED LIABILITY REINSTATEMENT

RESOLIO USA, LLC

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 12, 1999

RESOLIO USA, LLC

SUBJECT: RESOLIO USA, LLC

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LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Katherine Harris REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS			99 NOV 12 PM 2: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
DOCT	JMENT # L9800000	2726						
1. Limited Liability Company's Name:								
Resol	io USA, LLC							
2. Principal Office Address 3. Mailing Offi			fice Address	4. State/Country of Formation				
4521 PGA Boulevard #211		4521 PGA Boulevard #211		Florida				
Suite, Apt, #, etc.		Suite, Apt, #, etc.		5. Date Organized or Qualified To Do Business in Florida 11/17/98				
City &	State	City & State		6. FEI Number			Applied For	
Falm Beach Gardens, FL		Palm Beach C	Sardens, FL	65-0875717			Not App	licable
Zip	County	Zip	County	7,			y Vallazia y	
33418		33418	e and Address of Current I	CERTIFICATE OF STA	LTUS DESIR	ED L	La Costito al.	of Star
Name Corporate Creations Enterprises Inc. Street Address (P.O. Box Number is NOT Acceptable) 4521 PGA Boulevard #211 Suite, Apt. #, etc. City Paim Beach Gardens 9. I being appointed the registered agent of the above named limited liability compansing signature of Registered Agent REGISTERED AGENT MUST SIGN. 10. Names and Street Addresses of Managing Members/Managers			imited liability company, am i	/ - / -				
				iress of Each		City / St	et+ / 7%n	
Titles Managing Members/Managers Mana				city / State / Zip			22.616	
1774			Boulevard #211					
Manager Horacio Rodolfo Posse c/o 4521 PGA			Boulevard #211 Palm Beach Gardens FL 33418					
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<u> </u>		· · · · · · · · · · · · · · · · · · ·			 -	·		
 					<u></u>			. -
Signatu	certify that I am managing me ertify that when filing this relact f section 608, 406, P.S., and ccurate, and my signature shall are of log Member/Manager	mber/manager or the atement application th at all feed owed by t have the same legal e	receiver or trustee empowers to reason for dissolution has be tented liability company precias if made under oath. Date 11/1	d to execute this application eliminated, the limited have been paid. The info		tded for in chapany name sicated on this		

by L.A. Uriarte as attorney-in-fact

H98000021424

Signature of Managing Member/Manager .

Type or print name of signing Managing Member/Manager Cristian Dario Anacondio, Manager