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### Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : WESLEY M. ROBINSON, PROFESSIONAL ASSOCIATE

Account Number : 075512003036 Phone : (305)377-3352

Fax Number : (305)377-1422

OCT 12 PM 2: Y

### FOREIGN LIMITED LIABILITY COMPANY

Latin Venture, LLC

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05
\$155.00

MO1-23/4

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
LATIN VENTURE, ILC
1. (Name of foreign limited liability company)
DETAWARE     3. 65-1097158     (Turisdiction under the law of which foreign limited liability company is organized)     (FEI number, if applicable)
4. APRIL 11, 2001 5. PERPETIAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7 2875 NE 191st STREET
AVENTURA, FLORIDA 33180
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
2875 NE 191 st STREET
TAVENTURA, TETORIDA: 33180
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
SEE ATTACHED EXHIBIT A
Signature of a member or air authorized expresentative of a member.  (In accordance with section 608.408(3), F.S. the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

HUMBERTO L. RODRIGUEZ, ESO., Authorized Representative Typed or printed name of signee

#### Exhibit A

The specific purpose of the Company is to organize conferences in Latin America and Miami where IT and Telecom are the main topics covered. The general purpose of the Company is to manage, protect and conserve the assets of the Company and make such additional investments and engage in such additional business endeavors as the Managers may agree, and engage in any and all activities related or incidental thereto.

OI OCT 12 PM 5: 00
SECRETARY OF STATE
TAIL AHARREE FI SAIE

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# State of Delaware

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## Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATIN VENTURE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

OI OCT 12 PM Si OY
SECRETARY OF STATE
THE AHASSEE FI COND.



Darriet Smith Windson Harries Smith Windson Secretary of State

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AUTHENTICATION: 1388084

DATE: 10-12-01

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:		
2.	. The name and the Florida street address of the registered agent and office are:		
	RICHARD PERLIAN		-
	(Name)		
	2875 NE 191st Strest		
	Florida surem midress (F.Q. Box NOT ACCEPTABLE)	0	
	AVERTURE FL. 33190 AFET AFET AFET AFET AFET AFET AFET AFET	CT 12	T
i	Having been named as registered agent and to accept service of process for the above stated limited solutions that 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 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 608, F.S.  (Signature)	PM 5: 0"	.ED

\$ 100,00 Fling Fee for Application

\$ 30.00 Certified Copy (optional)

S 25.00

5.00

Designation of Registered Azent

Certificate of Status (optional)