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Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
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Fax Number : (954)389-1397

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tridelca, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2006

PAUL SALVER, P.A.

SUBJECT: TRIDELCA, LLC
REF: W06000012252

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tridelca, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6700 NW 114th Avenue
#906
Doral, FL 33178

6700 NW 114th Avenue
#906
Doral, FL 33178

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:

Paul Salver, P.A.
Name

2721 Executive Park Drive, #3
Florida street address (P.O. Box **NOT** acceptable)

Weston FL 33331
City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Willburg Castro

Calle La Alameda Edif Alameda Regency Piso 3
Apt. 32 El Rosal, Caracas, Venezuela

MGR

Juan Carlos Bejarano

Carraera 5 #17 Urbanizacion Deffin Mendoza
Tucupita, Edo. Delta Amacuro, Venezuela

MGR

Rene Hernandez

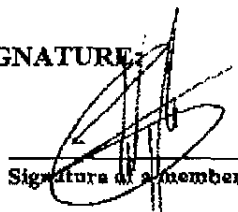
Av. Guasima Qta. San Antonio
Tucupita, Edo. Delta Amacuro, Venezuela

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Willburg Castro

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)