

L00000002765

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

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LIMITED LIABILITY COMPANY

PISARIS INTERNATIONAL, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLE I - Name
FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Pisaris International, LLC

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

19 West Flagler Street, Suite 600
Miami, Florida 33130

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

David M. Turner
Name

19 West Flagler Street, Suite 600
Florida street address

Miami, Florida 33130
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.

[Signature]
Registered Agent's Signature

ARTICLE IV - Management (Check only if applicable).

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is required).

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

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

DAVID M. TURNER
Typed or printed name of signer

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