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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : 119990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KASA INVESTMENT SERVICES, LLC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

KASA INVESTMENT SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

KASA INVESTMENT SERVICES, LLC.

ARTICLE II - ADDRESS

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

325 S BISCAYNE BLVD # 2720 MIAMI, FL. 33131

The mailing address shall be:

P.O. BOX 5402 HIALEAH, FL. 33014

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ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

MARCELIANO QUIROGA

325 S BISCAYNE BLVD # 2720

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33131 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

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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

ARTICLE IV- MANAGEMENT

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

MARCELIANO QUIROGA
325 S BISCAYNE BLVD # 2720
MIAMI, FL. 33131

MANAGER

GRACIELA QUIROGA
325 S BISCAYNE BLVD # 2720
MIAMI, FL. 33131

MANAGER

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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



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.)

MARCELIANO QUIROGA
Typed or printed name of signee

HO7 0000 956523.