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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 17 AM 8:09

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ABREA SOLUTIONS, LLC

RECEIVED

08 SEP 17 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABREA SOLUTIONS, 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:

1000 5TH STREET SUITE 200

MIAMI BEACH, FL 33139

Mailing Address:

SAME

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:

JO-ANN RODRIGUEZ

Name

1000 5TH STREET SUITE 200

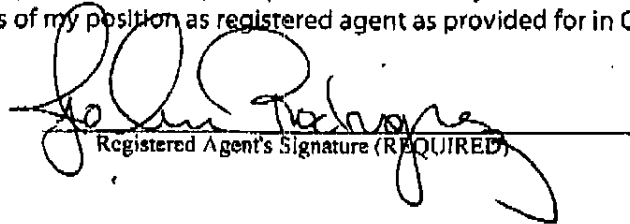
Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH

FL 33139

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)

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

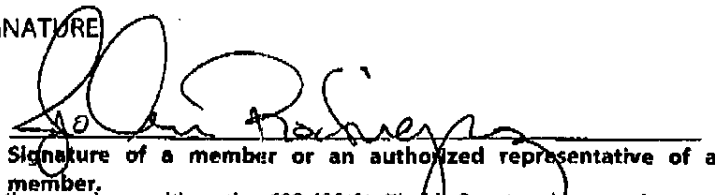
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	ALEX BETANCOURT <u>1000 5TH STREET SUITE 200</u> <u>MIAMI BEACH, FL 33139</u>
<u>MGRM</u>	ERROL HUNTER <u>1000 5TH STREET SUITE 200</u> <u>MIAMI BEACH, FL 33139</u>
<u>MGRM</u>	PAMELA BANADOS <u>1000 5TH STREET SUITE 200</u> <u>MIAMI BEACH, FL 33139</u>
<u>MGRM</u>	ANDREW FUNG <u>1000 5TH STREET SUITE 200</u> <u>MIAMI BEACH, FL 33139</u>

(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.)

JO-ANN RODRIGUEZ

Typed or printed name of signee

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 TALLAHASSEE FLORIDA

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ARTICLE IV: MANAGERS OR MANAGING MEMBERS

MGRM: JO-ANN RODRIGUEZ
1000 5TH STREET, SUITE 200
MIAMI BEACH, FL 33139

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