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### Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Addount Name : CSH SERVICES, LLC

Account Number: 120070000160 Phone: (800)494-3124

Fax Number : (561)455-9885

## FLORIDA/FOREIGN LIMITED LIABILITY CO

CAGICAMA, LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

#### <u>ARTICLE I NAME</u>

The name of the Limited Liability Company is:

CAGICAMA, LLC

#### ARTICLE II ADDRESS

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

301 SE OCEAN BLVD. #150 STUART, FLORIDA 34994

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CHRISTIAN FINKELBERG 301 SE OCEAN BLVD. #150 STUART, FLORIDA 34994

Having been named as registered agent 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.

CHRISTIAN FINKELBERG / Registered Agent's signature

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CAGICAMA, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
PEDRO RITAGLIATI
301 SE OCEAN BLVD. #150
STUART, FLORIDA 34994

MANAGING MEMBER
GABRIELA GONZALEZ
301 SE OCEAN BLVD. #150
STUART, FLORIDA 34994

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

PEDRO RITAGLIATI