1 2.

#2415 P.001/003

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000890573)))

H140000890673ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Effective Date 4/14/14

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 12000000019

Phone

; (305) 552-5973

Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. PROFESSIONAL INVESTMENTS OF USA, LLC

Certificate of Status 1 Certified Copy 0 03 Page Count Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

MPR 15 2014 J. HARRIS

H14000089057

Effective Date 4/14/14

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

PROFILESIANAL Investments of SISA LLC.

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

ARTICLE II - Address:

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

Principal Office Address:	Malling Address:
4621 SW 133 AVE	Some as principal
Hrom, 7/4. 33175	
17/1000 / 1/W. 33/15	

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:

Holia Icesa Rarnesty

Name

4621 SW 133 AVR

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

Fl. 33/75

City 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 heroby 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

Registered Agent's 51

(CONTINUED)

Page 1 of 2

17. APR 11. AM 10: 01

H14000089057

H14000089057

Titlei	Name and Address:
"AMBR" = Authorized Member	
"MOR" = Manager	
MANAGER	MANA TOTHER KAPPICY
	MANU EL 33175
_	
·	
•	
(Use attachment if necessary)	
THE TAN ESSENCE AND SHOULD BE A SECOND	1/4 /2010 Antional 114 /2010 (ODTIONAL)
LEV: Effective date, if other than the date	of filing April 14 3014 (OPTIONAL)
lective date is listed, the date must be ap	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
lective date is listed, the date must be ap	of filing: (OPTIONAL) seelfie and cannot be more than five business days prior to or 90 days
fective date is listed, the date must be sp of filing.)	of filing:
fective date is listed, the date must be sp of filing.)	of filing:
fective date is listed, the date must be sp of filing.)	of filing: (OPTIONAL) seelfic and cannot be more than five business days prior to or 90 day
fective date is listed, the date must be sp of filing.)	p of filing: (OPTIONAL) seelfie and cannot be more than five business days prior to or 90 day
ective date is listed, the date must be ap of filing.) LE VI: Other provisions, if any.	of filing: (OPTIONAL) seelfic and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be sp of filing.)	of filing: (OPTIONAL) seelfic and cannot be more than five business days prior to or 90 day White Lift
ective date is listed, the date must be ap of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE;	Seelfie and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be ap of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE; Signature of a me	ember or an author the processor to or 90 da ember or an author the processor to the comment of a member.
Rective date is listed, the date must be ap of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a management of the accordance with section constitutes an affirmation to	ember or an authorized by traveline of a member. 1605.0206 (1) (b). Florida Statutes, the execution of this document under the negatives of periory that the facts stated herein are true.
Rective date is listed, the date must be ap of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE; Signature of a management of the accordance with section constitutes an affirmation of the angular any false in the section of the sec	ambay has been shown that five business days prior to or 90 days

Page 2 of 2

H14000089057