

**PAGE**

6/15/2015

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
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**\*\*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.  
COMASTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

JUN 22 2015

**T. SCOTT**

15 JUN 19 AM 11:20

JUN/19/2015/FRI 11:52 AM

FAX No.

P. 002/005

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**COMASTER, LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "LC.,")*

**ARTICLE II**

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

**Principal Office Address**  
200 S.E. 1<sup>ST</sup> STREET STE 604  
MIAMI, FL 33131

**Mailing Address**  
200 S.E. 1<sup>ST</sup> STREET STE 604  
MIAMI, FL 33131

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**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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL. 33131**

*FL 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 605, F.S*

X \_\_\_\_\_

**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):** *The name and address of each Person authorized to manage and control the Limited Liability Company:*

**Title:**

**IVAN SANDOYA**  
**200 S.E. 1<sup>ST</sup> STREET STE 604**  
**MIAMI, FL 33131**

**(MANAGER)**

**PATRICIO SANDOYA**  
**200 S.E. 1 ST STREET STE 604**  
**MLAMI, FL 33131**

**(MANAGER)**

**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.*

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***REQUIRED: SIGNATURE***

X   
*Signature of a member or an authorized representative of a member.*

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

***PATRICIO SANDOZA***  
*Typed or printed name of signer*