

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : CLARA GIRALDO ENROLLED AGENT
 Account Number : 119990000017
 Phone : (305)485-9300
 Fax Number : (305)485-1098

****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.
 IMEXEL TECHNOLOGY, LLC.**

| | |
|-----------------------|-----------------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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D. O'KEEFE

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

IMEXEL TECHNOLOGY, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

IMEXEL TECHNOLOGY, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**12415 SW 185TH ST
MIAMI, FL. 33177**

The mailing address shall be:

**12415 SW 185TH ST
MIAMI, FL. 33177**

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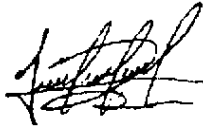
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

FABIAN ALEJANDRO PRIETO ZAPATA

12415 SW 185TH ST
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL 33177
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.



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.

**FABIAN ALEJANDRO PRIETO ZAPATA
12415 SW 185TH ST
MIAMI, FL. 33177**

AMBR

**GIOVANNA CAROLINA MUNOZ BERNAL
12415 SW 185TH ST
MIAMI, FL. 33177**

MANAGER

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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.)