L10000098216

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H10000207740 3)))

H10000207740 3ABCV

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

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
2010 SEP 20 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
10 SEP 20 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
KYRIS GROUP, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

C. LEWIS
SEP 21 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

FILED

2010 SEP 20 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
KYRIS GROUP, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be: KYRIS GROUP, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2199 Ponce De Leon Blvd., Suite 300, Coral Gables, FL 33134.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV - REGISTERED AGENT
(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 street address of the initial registered agent are:

Mauro Iurman
2199 Ponce De Leon Blvd., Suite 300
Coral Gables, FL 33134

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

FILED

2018 SEP 20 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - MANAGER OR MANAGING MEMBER(S)

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

MGRM Integral Solutions Investors, LLC. 80%
2199 Ponce De Leon Blvd., Suite 300
Coral Gables, FL 33134

MGR Juan Jurado Blanco 20%
2199 Ponce De Leon Blvd., Suite 300
Coral Gables, FL 33134

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.)

Mauro Jurman as Manager Integral Solutions Investors, LLC.