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Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 : (305)961-1450 Phone Fax Number : (305)423-3979

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FLORIDA LIMITED LIABILITY CO. CTLS LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

CTLS LLC

ARTICLE II **ADDRESS**

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

Mailing Address:

Principal Office Address:

8103 NW 33rd ST

8103 NW 33rd ST Doral, FL 33122

Doral, FL 33122

ARTICLE III REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the registered agent is:

STOLZENBERG GELLES FLYNN & ARANGO, LLP 1533 SUNSET DR.

SUITE 150 MIAMI, FL 33143

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.

Keith H. Stolzenberg, Esq., Registered Agent

(CONTINUED)

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ARTICLE IV MANAGEMENT

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR: MITCHELL SHAPIRO

Manager 8103 NW 33rd ST

Doral, FL 33122

MGR: TIMOTHEY TUDOR

Manager 8103 NW 33rd ST

Doral, FL 33122

MGR: ANDRES LOPERA

Manager 8103 NW 33rd ST

Doral, FL 33122

Keith H. Stolzenberg, Esq., Authorized Representative

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)