Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (85)

: (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

716-0346

LIMITED LIABILITY COMPANY

SOLUTION UNITED, LLC

Certificate of Status	0 1
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIÇLI	I - Name:
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The name of the Limited Liability Company is:

SOLUTION UNITED, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 10813 NW 29th Street, Miami, F1 33178.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ROBERTA J. RIBEIRO Name 10813 NW 29th Street Florida street address (P.O. Box NOI acceptable)

Rogerio Wagner

10813 NW 29th St Miami, Fl 33178.

Miami 33178. 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 608, F.S.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Roberta J. Ribeiro 10813 NW 29th St Miami, Fl 33178.

(An additional article must be added if an effective date is requested)

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.)

5-21BE1120 Typed or printed name of signee

MEMBER/MANAGER

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