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To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

KOMOLVASRI, LLC

Certificate of Status	Û
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF KOMOLVASRI, LLC

ARTICLE I.

<u>NAME</u>

The name of the Limited Liability Company is:

KOMOLVASRI, LLC

ARTICLE II.

ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street and mailing address of the principal office of this Limited Liability Company in the State of Florida is:

1719 E Hallandale Beach Blvd, Hallandale, Fl 33009

ARTICLE III.

NAME OF REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

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

Poompaka Komolvasri 922 NE 91st Terrace Miamishores, FJ 33138 SECRETARY LES LATE

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.

Poompaka Komolvasri, Registered Agent

4/23/2004

Date

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ARTICLE IV.

MANAGEMENT

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

ARTICLE V.

INITIAL MANAGER(S)

The name(s) and address(es) of initial Manager(s) is(are):

Poompaka Komolvasri

922 NE 91st Terrace

Miamishores, Fl 33138

TARY UP SIANDA

In accordance with Section 608.403(3), Florida Statues, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated here are true.

Poompaka Komolvasti, Manager

4/23/2009

Date