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PERCHASOR SON OFFICE USE ONLY(DOCUMENT #) LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy. Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other

ARTICLES OF ORGANIZATION

 \mathbf{OF}

FIBRA LLC

ARTICLE I - NAME

The name of this limited liability company is Fibra LLC (hereinafter "the Company"

ARTICLE II - ADDRESS

The mailing address and principal office is:

2701 South Bayshore Drive, Suite 402 Miami, Florida 33133

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Rafael Karkason 2701 South Bayshore Drive, Suite 402 Miami, Florida 33133

Having been named as registered agent and to accept service of process for the above state 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.

Rafael Karkason-Registered Agent

ARTICLES IV - MANAGEMENT

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

Rafael Karkason 2701 South Bayshore Drive, Suite 402 Miami, Florida 33133

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Rafael Karkason, Authorized Representative

ORGANIZER

| this day of | EREOF, I have made an | d subscribed these Ar | ticles of Organization |
|------------------|-----------------------|-----------------------|------------------------|
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| | | Jaile | |
| | | MARCELLE | E POÍRIER |
| | | | |
| STATE OF FLORIDA |)) SS | | |
| COUNTY OF DADE |) | | |

I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE POIRIER who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

NOTARY PUBLIC
State of Florida at large

My commission expires:

