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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone : (877)527-3463 Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

CMAC, LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is: CMAC, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability P.O. BOX 297761 PEMBROKE PINES, FL 33029-7761

ARTICLE LIX REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent CARLOS E. RENGIFO 172 NW 207TH AVE. PEMBROKE PINES, FL 33029-7761

Having been named as registered agent to accept service of process for the above stated 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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ARTICLE V

The names and addresses of the managing members of the LLC are: Managing Member:
CARLOS E. RENGIFO
172 NW 207TH AVE.
PEMBROKE PINES, FL 33029-7761

Managing Member:
MARIA RENGIFO
172 NW 207TH AVE.
PEMBROKE PINES, FL 33029-7761

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.

CARLOS E. RENGIFO

Typed or printed name of signee