

W04000084891

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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LIMITED LIABILITY COMPANY

panther nine, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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OK

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ARTICLES OF ORGANIZATION

FOR

PANTHER NINE, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

PANTHER NINE, LLC

ARTICLE II - ADDRESS

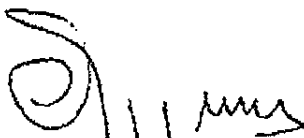
The mailing address and street address of the principal office of the Company is:

c/o 600 Brickell Avenue, Suite 706, Miami, Florida 33131.

ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Ezequiel Reggiani
Giselle Reggiani
600 Brickell Avenue, Suite 706
Miami FL 33132



Signature of authorized representative of a member

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

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

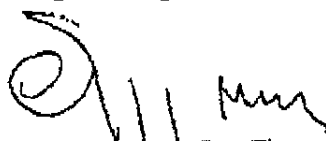
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PANTHER NINE, LLC.
2. The name and the Florida street address of the registered agent are:

EZEQUIEL REGGIANI
NAME

600 Brickell Avenue, Suite 706
Miami, Florida 33131
Florida street address (P.O. BOX NOT ACCEPTABLE)

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.



SIGNATURE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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