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Florida Department of State

Division of Corporations Public Access System

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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

LIMITED LIABILITY COMPANY

arkisoft, llc

Certificate of Status		MANAGEMENT BEST	0
Certified Copy			1
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ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is: Arkisoft, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:	Mailing Address:
300 Sevilla Avenue, Suite 210	6 1 10400 N.W. 33rd Street, Suite 270
Coral Gables, FL 3311334	Miami, FL 33172
4	RTICLE IU
Ω	MADELE ALL
The name and the Florida street add	ress of the registered agent
T .	C HALEY
	Name
300 Sevilla	Avenue, Suite 210
Florida	Street Address
Coral C	iables FL 33134
City, St	ate and Zip
stated limited liability company at the place of appointment as registered agent and agree to the provisions of all statutes relating to the p am familiar with and accept the obligations of	ent and to accept service of process for the above designated in this certificate, I hereby accept the sact in this capacity. I further agree to comply with proper and complete performance of my duties, and I of my position as registered agent as provided for in
chapter 60	Halle 5
Registeret	Agent's Signature
	Hosasosius

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ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

Title:	Name and	Address:	
General Manager and Director	Jorge Soto 10400 N. W Miami, FL	7. 33rd Street, Suite 270	
REQUIRED SIGNATURE: Signature of Member	or Authorized Representati	Lory Representative of a Member	i Ta
Туре	Jorge Soto d or printed name of signee		
		TOS MIN -1 A 10 10 SECRETARY OF A 10 10 ALLAHASSEE THAT	7
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