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Division of Corporations

: (850)205-0383 Fax Number

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

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

: (305)716-0346

LIMITED LIABILITY COMPANY

COMPLIANCE INFORMATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name: COMPLIANCE INFORMATION,LLC

ARTICLE II:-Address: 14923-A SW 12LN MIAMI, FL 33194
ARTICLE III:-Registered Agent, Registered Office, & Registered Agent's Signature

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

LIZETTE SOTO
NAME

14923-A SW 12 LN.
Florida street address(P.O. Box NOT acceptable)

MIAMI, FL 33194 City, State, and Zip Code

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent 48, provided for in Chapter 655 F.S.

Registered Agent's Signature

ARTICLE IV-MANAGEMENT (Check box if applicable)

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

(An additional article must be added if an effective date is requested)

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 parjury that the facts stated herein are true)

Typed or printed name of signee