Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

CORPORATION S

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

canisra, Ilc

Certificate of Status

Certified Copy 1

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FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: CANISRA, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 5255 COLLINS AVE. L-1

City, State & Zip: MIAMI BEACH, FL 33140

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

MICHAEL PELLERIN Name

5255 COLLINS AVE. L-1 Address (P.O. Box NOT Acceptable)

MIAMI BEACH, FL 33140 City, State, Zip

flaving 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

Date 10/10/2005

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more manager and is, therefore, a manager - managed company. Specify name & address(es).

1. MICHAEL PELLERIN, 5255 COLLINS AVE. L-1, MIAMI BEACH, FL 33140

2.

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.

MICHAEL PELLERIN

Typed or printed name of signee