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DIVISION OF CORPORATION

To:

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Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

riskos I, llc

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**RISKOS I, LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: RISKOS I, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41<sup>ST</sup> STREET, #615, MIAMI, FL 33178-2924.

**ARTICLE IV**

The name of the Managing Member(s) of this company shall be:

**Managing Member**  
VICTOR MALAVE  
10556 NW 26<sup>TH</sup> STREET D 101  
DORAL, FL 33172

**Managing member**  
ANIBAL MALAVE  
10556 NW 26<sup>TH</sup> STREET D 101  
DORAL, FL 33172

**Managing Member**  
NOHEMY SALDARRIAGA DE CANNARSA  
10556 NW 26<sup>TH</sup> STREET D 101  
DORAL, FL 33172

**Managing Member**  
PATRIZIA DE CANNARSA  
10556 NW 26<sup>TH</sup> STREET D 101  
DORAL, FL 33172

**ARTICLE V**

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26<sup>TH</sup> STREET, SUITE C 201, DORAL, FL 33172.

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

RISKOS I, LLC

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

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CABANAS & ASSOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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