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(Req	uestor's Name)	
(Addi	ress)	<u> </u>
(Add	ress)	
(And:	ieasj	
(City)	/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Rus	iness Entity Nar	me)
(Suo	mood Energy (1981	
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only

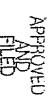


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SECREIANT OF STATE

06 FEB 15 AM 9: 2



TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: A	AR DYNAMIC INVEST		
	(Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BENIGNO R	. GRANDA	
	, and a second	····································	
	(I	irm/Company)	
			•
	14431 S.W. 78 ST	REET	
		(Address)	
مېنى د دەس ىمېر	MIAMI, FLORIDA 3		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	cali:	
BENIGNO R. GE	RANDA	at (305) 322-80	10
	of Person)	(Area Code & Daytime Te	dephone Number)
Enclosed is a check for	or the following amount:	·	
Xx\$125.00 Filing Fee		☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	EET ADDRESS:	MAILING A	DDRESS:
	tration Section	Registration S	
	on of Corporations . Gaines Street	Division of Co P.O. Box 6327	
	assee Florida 32300	Tallahassee F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	is:			
AAR DYNAMIC INVESTMENTS, L.L.C.				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
7829 N.W. 116th PLACE	7829 N.W. 116 PLACE			
MIAMI, FLORIDA 33178	MIAMI, FLORIDA 33178			
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:			
The name and the Florida street address of the	e registered agent are:			
ALEXANDER AR				
Na	me			
7829 N.W. 11	6 PLACE			
Florida street	address (P.O. Box <u>NOT</u> acceptable)			
MIAMI, City, Sta	<u>FL 33178</u> te, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			
Registered Age	ent's Signature			
	O6 F			

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:		
"MGR" = Manager	,		
"MGRM" = Managing Member			
1.00.12			
MGRM	ALEXANDER AREOLA		
	7829 N.W. 116 PLACE		
	MIAMI, FL 33178		
The second secon			
(Use attachment if necessary)			
(ese acmerations is mesonally)			
NOTE: An additional article must	t be added if an effective date is requested.		
	•		
REQUIRED SIGNATURE:			
_			
- All			
Signature of a member	er or an authorized representative of a member.		
(In accordance with se	ection 608.408(3), Florida Statutes, the execution		
	titutes an affirmation under the penalties of perjury		

ALEXANDER ARZOLA

Page 2 of 2

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)