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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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THE NOMAD EYE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE NOMAD EYE LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C." or "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:
1627 BRICKELL AVENUE APT 2506 MIAMI, FL 33129	1627 BRICKELL AVENUE APT 2506 MIAMI, FL 33129

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARIA PIA LEON
Name

1627 BRICKELL AVENUE APT 2506
Florida street address (P.O. Box NOT acceptable)

MAMI FL 33129
City, State, and Zip

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 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 (REQUIRED)

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MARIA PIA LEON 1627 BRICKELL AVENUE APT 2508 MIAMI, FL 33129
MGRM	CAROLINA LLOSA 1541 BRICKELL AVENUE APT 1003 MIAMI, FL 33129
MGRM	TALIA BERCKEMEYER 2101 BRICKELL AVENUE APT 2411 MIAMI, FL 33129

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

MARIA PIA LEON
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)

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