Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001.002335 .

Fax Number

Phone : (305)599-0839 : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TEVELAMOS MANAGEMENT L.L.C.

Certificate of Status	
Certified Copy	1
Page Count	02
Estimated Charge	\$1.55.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

TEVELAMOS MANAGEMENT L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal Office Address:	Maning Audress.	
7900 RED ROAD SUITE 23	7900 RED ROAD SUITE 23	
MIAMI, FL. 33143	MIAMI, FL. 33143	

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 Plorida registration.)

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

ANIBAL OTERO Name

7900 RED ROAD SUITE 23

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33143 FL 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) Page 1 of 2 7 NOY -8 AMII: 51

TO

(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR" = M "MGRM" =	Ianager Managing Member	Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTION ffective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.) REOURED SIGNATURE: (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.)	MGR		ANIBAL OTERO	٠
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SECRETARY OF STATE