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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

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

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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EXAMINER

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ARTICLES OF ORGANIZATION FOR

INTEGRA ASSET SERVICES LLC a Florida Limited Limited Company

ARTICLE I-Name:

The name of the Limited Liability Company is:

INTEGRA ASSET SERVICES LLC

ARTICLE II- Address:

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

2326 TIGERTAIL COURT MIAMI, FL 33133

ARTICLE -III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

THOMAS G. SHERMAN, ESQ., P.A. 90 ALMERIA AVENUE CORAL GABLES, FLORIDA 33134

ARTICLE IV PURPOSE

The limited liability company shall have the authority to engage in any activity or business permitted under the laws of the United States and of the law of the State of Florida, and the law of any other jurisdiction wherein it may conduct business. This limited liability company may conduct business within or without the State of Florida anywhere in the world that it may so select.

ARTICLE V

Votes of the members shall be in proportion to their contributions to the capital of the limited liability company as adjusted from time to time, to properly reflect any additional contributions or withdrawals of capital by the members.

ARTICLE VI-Management (Check box if applicable)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

____The Limited Liability Company is to be managed by its members and is, therefore, a member-managed company.

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ARTICLE VII MANAGERS

The Manager of the Limited Liability Company is:

Geraldine Adrian
 2320 Tigertail Court
 Miami, FL 33133

Print Name: Thomas G. Sherman 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.)

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.

THOMAS G. SHERMAN, ESQ., P.A. REGISTERED AGENT'S SIGNATURE

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