Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000218673 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE I

Account Number: I2000000146

Phone

: (305)444-4994

Fax Number : (305) 444-4977

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

FLORIDA LIMITED LIABILITY CO. KANIRA GROUP, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

A. LUNT

OCT - 6 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF KANIRA GROUP, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be:

KANIRA GROUP, EL

.C. •

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2199 Ponce De Leon Blvd., Suite 300, Coral Gables, FL 33134.

ARTICLE III - PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV - REGISTERED AGENT

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business outily with an active Florida registration.)

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

Mauro Iurman 2199 Ponce De Leon Blvd., Suite 300 Coral Gables, FL 33134

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

ARTICLE V - MANAGER OR MANAGING MEMBER(S)

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

MGRM

Integral Solutions Investors, LLC. 100% 2199 Ponce De Leon Blvd., Suite 300

Coral Gables, FL 33134

thember or an authorized representative of a member. Join 601.408(3), Floride Sistems, the execution of this document constitutes an affirmation under the plants herein are true.)