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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

Email Address: _____

This organization will start operating on January 1, 2012.

FLORIDA LIMITED LIABILITY CO.
CAM MANagements, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

CAM MANagements, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

CAM MANagements, LLC.

ARTICLE II - ADDRESS

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

**14816 SW 31ST TERRACE
MIAMI, FL. 33185**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

CARLOS A. MOSQUERA

14816 SW 31ST TERRACE

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

MIAMI, FL. 33185

City, State, and Zip

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THIS ORGANIZATION WILL START OPERATING ON JANUARY 1ST, 2012

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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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..

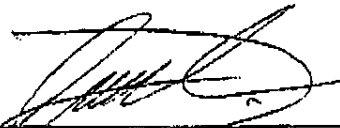
**REGISTERED AGENT'S SIGNATURE****ARTICLE IV- MANAGEMENT**

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

CARLOS A. MOSQUERA
14816 SW 31ST TERRACE
MIAMI, FL. 33185

MANAGER

(An additional article must be added if an effective date is requested)



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.)

CARLOS A. MOSQUERA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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