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.

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| Division of Corporations Fax Number : (850) 617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305) 552-5973 Fax Number : (305) 220-1440 Inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Charles Address: FLORIDA LIMITED LIABILITY CO. | Division of Corporations Fax Number : (850) 617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305) 552-5973 Fax Number : (305) 220-1440 Inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Catalogue of Status Continued of Status | Division of Corporations Fax Number : (850) 617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305) 552-5973 Fax Number : (305) 220-1440 Inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** WE THE TARIDA LIMITED LIABILITY CO. FLORIDA LIMITED LIABILITY CO. Certificate of Status Certificate of Status Certificate Copy O Certificate Copy O Composition of Corporations (850) 617-6383 FINAL REPORT OF COMPOSITION (1988) Certificate Copy O Composition of Corporations (850) 617-6383 FINAL REPORT OF COMPOSITION (1988) Certificate Of Status Certificate Copy O Composition of Corporations (1988) Certificate Of Status Certificate Of Status Certificate Of Status Certificate Of Status O Certif | From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** The property of the control of | | will generate another cover sheet. |
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EXAMINER

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| ARTICLES OF ORGAN | IZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: The name of the Limited | Liability Company is: |
| | US how Twest MENTS Connection, LLC. |
| ARTICLE II - Address: | |
| Principal Office Addres | s: Mailing Address: |
| 8900 500 111 | AVE SAME |
| Suste C-108 | 3 |
| MIAMIA 3 | 3/80 |
| The Limited Liability Company business entity with an active Florida The name and the Florida So Having been named as | red Agent, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an individual or another order registration.) street address of the registered agent are: Name OO SWIIT AVE STE Florida street address (P.O. Box NOT acceptable) City, State, and Zip registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as |
| registered agent and agr statutes relating to the j | ree to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and sof my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED) |

(CONTINUED)
Page 1 of 2

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| | ARTICLE IV- Manager The name and address of | (5) or Managin each Manager o | g Member(s); r Managing Member is as foll | lows: | |
|-----|---|--|--|--|---------------|
| | <u>Title:</u> "MGR" = Manager "MGRM" = Managing M | ember | Name and Address: | | |
| | MERM | | AUTONIO F 1. 8900. SW 117 | ANDO STE | C 108 |
| | MGRM | , | | EANCO VE STE CIO | 08 |
| | <u>.</u> | | | 7.00 | |
| | | | | 31000 | 7 7 7 8 |
| | (Use attachment if necess | ary) | | | œ ≅ [|
| (If | TICLE V: Effective date, if of an effective date is listed, the or 90 days after the date of fill | date must be sp | e of filing:ecific and cannot be more th | . (OPTIONA an five business day | 留 /s prior |
| | REQUIRED SIGNATU | RE: | lo | | |
| | Signatu | re of a presenter of | an authorized representative of | member, | |
| , | constitutes an af | firmation under the any false information degree felony as | (1), Florida Statutes, the execution penalties of perjury that the facts son submitted in a document to the I provided for in s.817.155, F.S.) To Family Congruence | tated herein are true. Department of State | · |

Page 2 of 2

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