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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

ma 11	Address	

FLORIDA LIMITED LIABILITY CO.

Karigam Enterprises Management, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

1 of 2

4/21/14 2:30 PM

APR 22 2014 J. HARRIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Karigam Enterprises Management, LLC	
(Must end with the words "Limited L	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1110 Brickell Avenue Suite 702	1110 Brickell Avenue
Miami, FL 33131	Miami_FI_93131
The name and the Florida street address of the registered as Kadna D. Gamaz Name	gent are:
1110 Brickell Avenue, Suite 702 Florida street address (P.O. Box N	
Miami	FI. 33131
City	Zip
the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance rations of my position as registered agent as provided for in 605, F.S Kristine Roy, Attorney-In-Fact Tee (REQUIRED)
(CONTINUE)	D)

Page 1 of 2

SECRETARY OF SIME DIVISION OF CORPORATIONS

Title:		Name and Address:
"AMBR" - Autho	rized Member	
"MGR" = Manage	r	
MGR		Karina D. Garnez
		Karina D. Gamez 1110 Brickell Ayenue, Suite 702
		Miami. FL 33131
	<u> </u>	
	— <u>—</u>	
		
	•	
(Use attachment is	necessary)	
	·	
CLE V: Effective dat	e, if other than the date of	filing: (OPTIONAL)
effective date is liste	d, the date must be speci-	fic and cannot be more than five business days prior to or 90 days after
te of filing.)	•	
CLE VI: Other provis	ions, if any.	
············		
	/// -	
REQUIRED SIG	na/vrici)	
	[[]]	
<i></i> /	A///AA	
4	Signature of a memi	per or an authorized representative of a member.
(In acolo	parice with section 605.0	203 (1) (b), Florida Statutes, the execution of this document
		he penalties of perjury that the facts stated herein are true.
		tion submitted in a document to the Department of State
	tes a third degree felony a	

ARTICLE IV-

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Karina D. Gamez, Manager by: Kristine Roy. Attorney-in-Fact Typed or printed name of signec