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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

: (305)552-5973

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FLORIDA LIMITED LIABILITY CO. SOPAPRAS LLC

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

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MAY 16 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:
SOPAPRAS LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
LANCE CILIANI CONTROL LANCE CULTARITY

RTICLE III - Registered Agent Registered Office & Registered Agent's Signature:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANANYA PRASOMSUP

Name

10851 SW 40 TH STREET

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

MIAMI FL 33165

City Zip

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 605, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Mentber "MGR" = Manager	Name and Address:
<u> MGRM</u>	ANANYA PRASOMSUP 10851 SW 40TH STREET MIAME, FL 33165
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of fili effective date is listed, the date must be specific ite of filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 day
CLE VI: Other provisions, if any.	<i>'</i>
REQUIRED SIGNATURE:	0
RECOURSED SIGNATURE:	Elas Syring 1
Johnson	r or an authorized representative of a member.

Page 2 of 2