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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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number: I2000000147

Phone

: (954)764-0005 Fax Number : (954)764-1478

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Trasso Innovations, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$160.00 |

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2014 AUG 21 AM II: 23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ANTICIANO ONGANZATION | PORTBORDA DE MEDIDA DA MARIA E COMPANI |
|---|---|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Trasso innovations, LLC | |
| (Must end with the words "Li | mited Liability Company, "L.L,C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principle. | ipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7330 SW 42nd Street Miaml, Ft. 33155 | 7330 SW 42nd Street Mlami, FL 33155 |
| ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis | own Registered Agent. You must designate an individual or |
| The name and the Florida street address of the regis | stored agent are: |
| Carlos Passano | |
| 1 | Namo |
| 7330 SW 42nd Street | |
| Florida street address (P.C | D. Box NOT acceptable) |
| Mlerol | И. 33155 |
| 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 om familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

AUG 21 AM II: C3

4140001972513

| "AMBR" = Authorized Member | Name and Address: | |
|---|--|---------------|
| "MGR" = Manager | | |
| AMBR | Mauridio Di Chilara | |
| 74101 | 1835 NE Miami Gardens Drive, Suite 548 | |
| | Miami, FL 33179 | |
| AMBR | Carlos Passano. | |
| MAIN | 7330 SW 42nd Street | |
| | Miami, FL 33155 | |
| | Tritainit 1 16 VA 18A | |
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| | | |
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| Atta wheelesses if annually | | |
| (Use attachment if necessary) | | |
| • | CONTINUE (CONTINUE) | |
| CLE V: Effective date, if other than the da | nte of filing: (OPTIONAL) | Rei |
| CLE V: Effective date, if other than the da | nte of filing: (OPTIONAL.) specific and cannot be more than five business days prior to or 90 days a | Rei |
| CLE V: Effective date, if other than the da effective date is listed, the date must be : te of illing.) | | Rei |
| CLE V: Effective date, if other than the da effective date is listed, the date must be: | | Rcı |
| CLE V: Effective date, if other than the da effective date is listed, the date must be : te of illing.) | | Rei |
| CLE V: Effective date, if other than the date frontive date is listed, the date must be steed filling.) CLE VI: Other provisions, if any. | | Rei |
| CLE V: Effective date, if other than the da effective date is listed, the date must be : te of illing.) | | R .c.i |
| CLE V: Effective date, if other than the date frontive date is listed, the date must be steed filling.) CLE VI: Other provisions, if any. | | Rei |
| CLE V: Effective date, if other than the date effective date is listed, the date must be at the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | | T.C. |

Page Z of Z

Mauricio Di Chiara
Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ \$.00 Certificate of Status (Optional)

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