Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone Fax Number

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FLORIDA LIMITED LIABILITY CO. MAKEN INVESTMENT GROUP LLC

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

MAY OA 2015 J. HAFRRIS

H150001070 18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LL.C." or "LLC.")
MAKEN INVESTMENT COROUP LC
PIAREN INVESTIGION
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
Company is: 3800 NW 32 AUR
MIAMI FL 33142
MINNI 12 3314
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Lightity
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
FRANK DE LA OlIVA
3800 ANW 32 AVE
MIAMI FC 33142
ARTICLE IV-
The name and title of each person authorized to manage and control the Limited Liability Company:
COSTONO ADTURO COARAY AMBR
CUSTODIO ADTURO GARAY AMBR
FRANK DE LA OLIVA. AMBR
TA 20
DECRETAL AHA
Page 1 of 2 H 1 5 0 0 0 1 0 7 0 1 1
н 1 5 0 0 0 1 0 7 0 1 3

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEF F. STATE