

**L16000015086**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
GIAN KA'I LLC**

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

GIAN KA'I LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

8486 SW 165TH PLACE

MIAMI, FLORIDA 33193

**ARTICLE III REGISTERED AGENT**

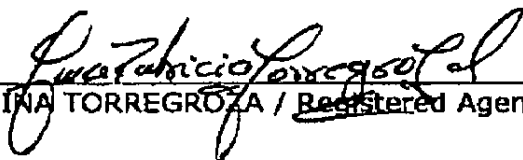
The name and the Florida street address of the registered agent are:

GINA TORREGROZA

8486 SW 165TH PLACE

MIAMI, FLORIDA 33193

*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.*

x   
GINA TORREGROZA / Registered Agent's signature

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PAGE 2 GIAN KA'I LLC

**ARTICLE IV**

The name and address of each person authorized to manage and control the Limited Liability Company:

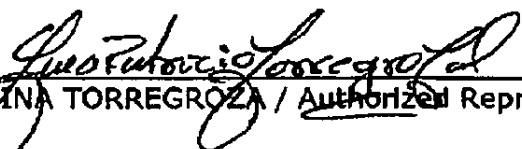
AUTHORIZED MEMBER

GINA TORREGROZA

8486 SW 165TH PLACE

MIAMI, FLORIDA 33193

.....

x  \_\_\_\_\_  
GINA TORREGROZA / Authorized Representative's signature

(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.)

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