

8/5/2016

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Fax Number : (850)617-6381

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

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**FLORIDA LIMITED LIABILITY CO.
SHAKTIDHARMA LLC**

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ARTICLES OF ORGANIZATIONOFSHAKTIDHARMA LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE INAME

The name of this Limited Liability Company is: SHAKTIDHARMA LLC

ARTICLE IIGENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IIITERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IVADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 6765 SW 72ND CT, MIAMI FL 33143. The Board of Managers may from time to time move the principal office or the mailing address to another address in Florida.

ARTICLE VREGISTERED OFFICE, REGISTERED AGENT

That SHAKTIDHARMA LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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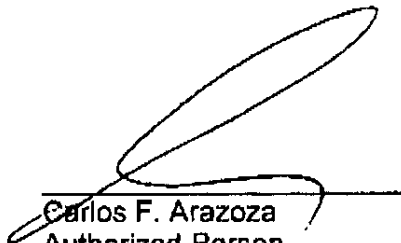
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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager of the Company shall be:

DAMARIS C. CHIARI, of
6765 SW 72ND CT MIAMI FL 33143

WITNESS the hand and seal of the Authorized Person in Miami-Dade County, State of Florida, the 5th day of August, 2016



Carlos F. Arazoza
Authorized Person

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Carlos F. Arazoza, the Authorized Person of SHAKTIDHARMA LLC, for and on behalf of the Company, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 5th day of August, 2016





NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That SHAKTIDHARMA LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A

By:

Carlos F. Arazoza
Director

Date: August 5, 2016

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