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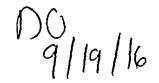
FLORIDA LIMITED LIABILITY CO. DTSONS INVESTMENTS LLC.

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ARTICLES OF ORGANIZATION

<u> ARTICLE I - Name:</u>

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."}

DISONS INVESTMENTS LLC.

ARTICLE II - Address:

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

> 1930 N. Commerce DKWAY. SUITE 4, WESTON FL, 33326

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entitled with an active Florida registration.) DOUGIAS RAFORD PRICES LEGON TO 1930 N. COHHENCE PLWOY. SUITE 4

WESTON, FL. 33326

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

- 1. DOUGLAS RAFAEL PERAZA LEON- (AMBR)
- 2 · AURICEIIS AILEC PERSTA PADILLA (AMBR)

- 3. Luis ERNESTO PERAZA PADICIA (AMBR) 4. DOYGIAS RAFAGI PERAZA PADICIA (AMBR) 5. TRINA DO COURDES PADICIA REGNAULT-(AMBR)

Page 1 of 2

Required Signatures:

H16000230981

Signature of a member of 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.

DOUGIAS RAFAEL PERAZA LEON
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)

16 SEP 16 AM 9: 26
SECRETARY OF SIA)E
ALL AHASSEE FLORIDA

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