

**Florida Department of State**  
 Division of Corporations  
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**To:**

Division of Corporations  
 Fax Number : (850) 617-6381

**From:**

Account Name : AKERMAN LLP - MIAMI  
 Account Number : 075471001363  
 Phone : (305) 374-5600  
 Fax Number : (305) 374-5095

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

Email Address: Pedro.Freyre@akerman.com

**FLORIDA LIMITED LIABILITY CO.**  
**KYPERS US, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION  
OF  
KYPERS US, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is KYPERS US, LLC

**ARTICLE II: - Address**

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

**Jon Andoni Vifambres  
Soleste Club Prado  
950 SW 57th Avenue, Suite 526  
Miami, FL 33144**


**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**NRAI SERVICES, INC.  
1200 S. Pine Island Road  
Plantation, FL 33324**

*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.*

**NRAI SERVICES, INC.**

By:   
Name: Lisa Shdeed  
Title: Vice President

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARTICLE V: - Manager(s)**

The name and address of the Managers is as follows:

**MGR      Emilio Palay  
Avenida Baix Llobregat 3-5 Edif, BAYER  
08970 Sant Joan Despí  
Barcelona, Spain**

16 OCT -5 AM 8:12  
FEB 2016



Pedro Freyre, Authorized Representative

(In accordance with section 606.0203 (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.)

Pedro Freyre  
Typed or printed name of signee