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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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**FLORIDA LIMITED LIABILITY CO.
CORPORACION EL JARRON DE ORO, LLC.**

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NOV 10 2016

T. SCOTT

18 NOV -9 AM 10:49

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

CORPORACION EL JARRON DE ORO, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

CORPORACION EL JARRON DE ORO, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**1502 NW 112TH PATH
DORAL, FL 33178**

The mailing address shall be:

**1502 NW 112TH PATH
DORAL, FL 33178**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

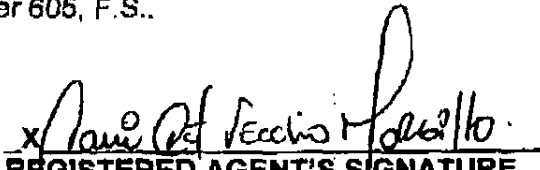
**DANI DEL VECCHIO
1502 NW 112TH PATH
DORAL, FL 33178**

1502 NW 112TH PATH
Florida street address (P.O.BOX NOT acceptable)
DORAL, FL 33178
City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33156
PH.: (305) 485-9300**

18 NOV - 9 AM 10:48

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

ARTICLE IV- MANAGEMENT

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

ELVIRA DE DEL VECCHIO MORGILLO
1502 NW 112TH PATH
DORAL, FL 33178

MANAGER

DONATANGELO DEL VECCHIO
1502 NW 112TH PATH
DORAL, FL 33178

MANAGER

DANI DEL VECCHIO
1502 NW 112TH PATH
DORAL, FL 33178

MANAGER

(An additional article must be added if an effective date is requested)


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.)

DANI DEL VECCHIO
Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300