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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
PARAGON HOME SOLUTIONS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Limited Liability Company is:

Paragon Home Solutions, LLC

ARTICLE II – Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
1845 NW 112 Ave Unit 195 Miami, FL 33172	1845 NW 112 Ave Unit 195 Miami, FL 33172

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

JOSE RAFAEL MORENA

1845 NW 112 Ave Unit 195
Miami, FL 33172

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.

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TALLAHASSEE, FLORIDA

Registered Agent's Signature

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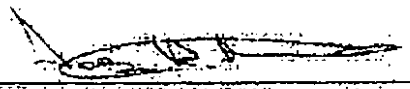
ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:	Name and Address:
AMBR	**JOSE RAFAEL MORENA**
AMBR	**LUIS E. IRIARTE-MEZERHANE**

REQUIRED SIGNATURE:



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.)

JOSE RAFAEL MORENA

Typed or printed name of signee

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