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FLORIDA LIMITED LIABILITY CO. JOSAAN LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE III - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 3089 SW ZI Street MI ONI FL, 33145 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 en with an active Florida registration.) TOAQUIN CAMILO GUTIFFEE CABALLE 3089 SW ZI STREET MIGMIFF 33145 ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:	The name	EI-Name: e of the Limited Liability Company is: (Must end with the words "Limited Liability Company, LCT)
The mailing address and street address of the principal office of the Limited Liability Company is: 3089 SW ZI Street MI ON I FL 33145 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 em with an active Florida registration.) TOAQUIN CAMILO GUTIF FEE CABALLE 3089 SW 21 STREET MIGHT! ARTICLE IV- The name and title of each person authorized to manage and control the Limited	_	JOSAAN LLC
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liabilican panny cannot serve as its own Registered Agent. You must designate an individual or another business en with an active Florida registration.) TOAQUIN CAMILO GUTIFFEE CABALLE 3089 SW 21 STREET MIGMIF 33145 ARTICLE IV- The name and title of each person authorized to manage and control the Limited	The maili	ing address and street address of the principal office of the Limited Liability is: 3089 SW ZI Street
3089 SW 21 Street Miami F 33145 ARTICLE IV- The name and title of each person authorized to manage and control the Limited	The nam	e and the Florida street address of the registered agent are: (The Limited Liability
ARTICLE IV- The name and title of each person authorized to manage and control the Limited		JOAQUIN CAMILO GUTIFFEZ CABALLER 3089 SW 21 Street Migmi Fl 33145
	The name	and title of each person authorized to manage and control the Limited
MBR - JOAQVIN CAMILO GUTIERREZ CABALLE MBR- ANA MAPIA GONUMA DIAZ GRANADOS	•	

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Required Signatures:

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. 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.

TO AQUIN CAMILO GUTIERREZ CABALLE PO
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 Agnature (REQUIRED)