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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone Fax Number : (305)485-9300 : (305)485~1098

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

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FLORIDA LIMITED LIABILITY CO. KOLOR SHADES GLOBAL LLC

| Certificate of Status | 0 |
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OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KOLOR SHADES GLOBAL, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

KOLOR SHADES GLOBAL, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

236 SE 2ND AVE HALLANDALE, FL 33009

The mailing address shall be:

236 SE 2ND AVE HALLANDALE, FL 33009

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

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

TRACEY A. CORZO

236 SE 2ND AVE Florida Street address (P.O.BOX NOT acceptable) HALLANDALE, FL 33009 City, State, and Zip

> CLARA GERALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FI. 33155 PH : (305) 485-9300

PAGE 03

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.

TRACEY A. CORZO 236 SE 2ND AVE. HALLANDALE, FL 33009 MANAGER

FRANCES V. RICHARDSON 236 SE 2ND AVE HALLANDALE, FL 33009

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 elecument constitutes

an affirmation ender the penalties of perjury that the facts stated herein are true.)

TRACEY A. CORZO Typed or printed name of signee

> CLAFA GIRALDO E.A. 4080 SW 84 AVENUE SUITE MIAINI, FL 33155 PH.: (305) 485,9300