Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	1
	Fax Number : (850)617-6381	V
From:		7~≥
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	23
	Account Number : I20000000019	တု
	Phone : (305)552-5973	~
	Fax Number : (305)675-5944	ÇT
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an	the email address for this business entity to be used for future hual report mailings. Enter only one email address please.**	

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\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
KRONOS DISTRIBUTION GROUP, LLC	4
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
1611 NW 79 ave	
MIAMI, FL 33126	10
	- 455 -
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 entity with an active Florida registration.)	2 48 8: 2
WELLINGTON GUERRA	ST A
1611 NW 79 ave	
MIAMI, FL 33126	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
ADOLFO MARTIN MONTENEGRO MER	
WELLINGTON GUERRA MGR	
	

Required Signatures:

3052201440

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.

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 cortificate, 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

red Agent's Signature (REQUIRED)