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## FLORIDA LIMITED LIABILITY CO. CABOS ASSET MANAGEMENT, LLC

Certificate of Status	1
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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PAGE 02/03

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## ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAME SSEE, FL

## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CABOS ASSET MANAGEMENT, LU
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability
Company is:
13020 SW 85 AVE RD
Mismy fr 33152
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (1 he Limited Liability  Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity  with an active Florida registration.)
FLANZ ALEJANDRO HOED DE BECHE
13020 SW 85th AVE RD
MIAMI FL 33156
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
MBR) FRANZ Alejanoro Hoed de Seche
MBR) FRANCINE M. AZEL

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (1) 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.

FRANZ ALEJANDRO HOED DE BECHE

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liabi ity 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 or my duties, and I am familiar with and accept the obligations of my pesition as registered agent as provided for in Chapter 60% 7.S..

Registered Agent's Signature (REQUIRED)