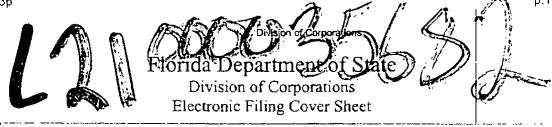
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SALOMON B. ESQUENAZI, P.A.

Account Number : I20130000020 Phone : (954)989-4995 Fax Number : (954)989-4991

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FLORIDA LIMITED LIABILITY CO.

Trio Frio, 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:

Trio Frio, LLC

ARTICLE II. - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

21500 Biscayne Blvd. 6th Floor Aventura, FL 33180

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

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

Corporate Solutions of South Florida, Inc.

4651 Sheridan Street, Suite 355 Hollywood, FL 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, Florida Statutes.

EGISTERED AGENT:

ORPORATE SOLUTIONS OF SOUTH FLORIDA, INC.

Salonon B. Dequenazi, President

Audit No: H21000046031 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995 Audit No H210000460313

ARTICLE IV. - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial managers are:

Jack Minski

21500 Biscayne Blvd. 6th Floor Aventura, FL 33180

Jacobo Minski

21500 Biscayne Blvd. 6th Floor Aventura, FL 33180

Joel Minski

21500 Biscayne Blvd. 6th Floor Aventura, FL 33180 2021 FEB -3 AM 8: 0

Signature of a member or authorized representative of a member. In accordance with section 665.0203 (1) (b), Florida Statutes,

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.

4827-6686-8442, v. 1

Audit No.: H21000046031 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995