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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

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

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

Email Address:

corporate@esquenazi-law.com

FLORIDA LIMITED LIABILITY CO.

Quina LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L Name

The name of the Limited Liability Company is:

Quina LLC

ARTICLE II. - Address

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

175 SW 7th Street Suite 2112 Miami, FL 33130

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

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

Dade Registered Agent Inc 175 SW 7th Street Suite 2112 Miami, FL 33130

Having been named as registered agent and to accept service of process for the above stated limited tiability 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.

REGISTERED AGENT:

DADE REGISTERED AGENT INC

Alejandro Velez, President

Audit No: H21000160028 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995

23 PN 3:0

Audit No. H21000160028 3

To:

ARTICLE IV. - Management:

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

> Federico Ramirez 175 SW 7th Street Suite 2112 Mlarhi, FL 33130

Signature of a member or authorized representative of a member. In accordance with section 605.0203 (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.

4848-5613-0790, v. 1

Audit No.: R21000160028 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995