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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. **GRAINMARKS LLC**

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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC")

GRAINMARKS LLC

<u> ARTICLE II - Address:</u>

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

Principal Address: 15625 NW 15th Avenue

Miami, FL. 33169

Mailing Address: 10773 NW 58th Street, #522

Doral, FL, 33178

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.)

Glovanni Garofalo

10484 NW 70th Lane

Miami, FL. 33178

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Dino Francisco De Sario (AMBR)

10410 NW 69th Terrace, Miami, FL. 33178

Giovanni Garofalo (AMBR)

10484 NW 70th Lane, Miami, FL. 33178

Maria Eugenia Puente Lera (AMBR)

15033 Arbors Reserve Circle, #304, Tampa, FL. 33624

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Required Signatures:

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.

Glovanni Garofalo

Typed or printed name of signee

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 (REQUIRED)

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