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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

ASOIN LLC

S Certificate of Status 1 Certified Copy 0 Page Count 03 ر ہ Estimated Charge \$130.00

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:

	ne of the Limited Liability Company is:
ASC	DIN LIC
ARTICL The mail Company	E II - Address: ing address and street address of the principal office of the Limited Liability y is:
<u>9</u> 3	21 SW, 138 PL - ZIP CODE 33186 - MIAMI-FLORIDE
impany carn th an active	EIII - Registered Agent, Registered Office: and the Florida street address of the registered agent are: (The Limited Liability to the serve as its own Registered Agent. You must designate an individual or another business entity GONTALO REDINANDE.
	MEILWANDE /
	
RTICLE	
e name a	
ne name a ability Co	IV and title of each parcon and
	IV and title of each person authorized to manage and control the Limited company: (MGR or AMBR)
ne name a ability Co	IV and title of each person authorized to manage and control the Limited company: (MGR or AMBR)
ne name a ability Co	IV and title of each person authorized to manage and control the Limited company: (MGR or AMBR)

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 Depar ment of State constitutes a third degree felony as provided for in s.817.155, F.S.

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 herety 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)

SSELTIOPING