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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (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. TEAM BOOMM LLC

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

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ARTICLES OF ORGANIZATION

FLORIDA LIMITED LIABILITY COMPANY EIN' 99 - 1440374

ARTICLE I - Name: The name of the Limited Liability Company is:				
~ ^				
TEAM BOOMM LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
- 8972 SW 228th LN MIAMI, Fl 33190				
MIAMI 181 33190				
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limites' Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity Al fonso Al fonso Colvo				
011/2 5w 228th LN				
MiAni (1 33190				
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)				
RANDY Alfonso Coira				
(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 penaltics 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.

Typed or printed name of signed

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 herely 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)