Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. GAINFLOW MANAGEMENT LLC.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Haintlaw Management LLC.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|--------------------|
| 4580 Bay Point Rd | 4.580 Ray Paint RR |
| Miamie 4. 93/37 | Muami H. 33137 |
| | |

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

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

| Ana Car | lyar | |
|---------------------------|------------------|--------|
| У | Jam e | |
| 4580Ba | | |
| Florida street address (1 | OBox NOT accep | table) |
| Méanie | FL | 33/37 |
| City | State | Zip |
| | | |

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 Agoni's Signature (REQUIRED)

(CONTINUED)

Tq:

| Title: "AMBR" = Authorized Member | Name and Address: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MGR" = Manager Cesar Calvar | 15860 N.W. 770 + #102 Mianul Laker FL. 33016 |
| Qua Calvar | 4580 Bay Point Rl Hiann, His 33/37 |
| | |
| NEW CONTROL OF CONTROL | |
| (Use attachment if necessary) | 2 |
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| CLE V: Effective date, if other than the date effective date is listed, the date must be site of filing.) If the date inserted in this block does not | pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed at the filter to applicable statutory filing requirements. |
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| CLE V: Effective date, if other than the dat effective date is listed, the date must be state of filing.) If the date inserted in this block does not neument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many This document is executed any sales. | meet the applicable statutory filing requirements, this date will not be listed at of State's records. |