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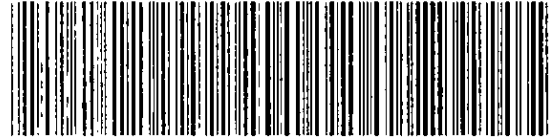
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TALLAHASSEE, FL 32303

1. KASA HOMES, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL
INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

KASA HOMES, LLC

ARTICLE II - Address:

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

Principal Office Address:

**8750 STIRLING RD #102-368
HOLLYWOOD, FL 33024**

Mailing Address:

**8750 STIRLING RD #102-368
HOLLYWOOD, FL 33024**

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

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

**CARLOS E. SALUME JADUE
8750 STIRLING RD #102-368
HOLLYWOOD, FL 33024**

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.

/S/CARLOS E. SALUME JADUE

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Members/Managers

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

Title:

Name and Address:

"AMBR" = Authorized Member
"MGR" = Manager

AMBR

CARLOS E. SALUME JADUE
CALLE CONCHAGUA AVE COMALAPA #H2-B
SAN SALVADOR, EL SALVADOR

AMBR

JOANNA SAFIE DE SALUME
CALLE CONCHAGUA AVE COMALAPA #H2
SAN SALVADOR, EL SALVADOR

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ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 23, 2022.

REQUIRED SIGNATURE:

/S/ JOANNA SAFIE DE SALUME

Signature of a member or an authorized representative of a member.

This document is executed 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.

JOANNA SAFIE DE SALUME

Typed or printed name of signee