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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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:	
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## FLORIDA LIMITED LIABILITY CO. VITIENES MULTISERVICE LLC

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY EIN: 99-4249031

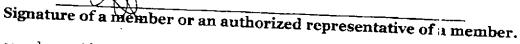
ARTICLE I - Name:

The name of the Limited Liability Company is:

VITIENES MULTISETVICE LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability	,	
14201 SW 27Th ST APT 409			
MIRMIL FLOVIDA, 33186		2024	
		- 9F	د کیستان د کلیستان د کلیستان
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	SSEE FL	PH 1:22	
Alex Vitienes Torres	Lī	N	
14201 8W 88Th ST APT 405			
MIAMI, FLOVIDA 33186			<del></del>
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)	ed		
Alex Vitienes Torres (AMBK)	<del>-</del>		_
	<del></del>		
	<del></del>		•
		<del></del> -	_

## Required Signatures:

3052201440



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. 3.

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)