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Florida Department of State

Division of Corporations
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To: Division of Corporations
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From: Account Name : TAX COUNSEL, PLLC
Account Number : I20210000011
Phone : (305)907-5540
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ANDREA@TAXCNSL.COM

FLORIDA LIMITED LIABILITY CO.
ANNAVAR, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION
OF
ANNAVAR, LLC**

ARTICLE I – NAME

The name of the limited liability company is ANNAVAR, LLC ("Company").

ARTICLE II – ADDRESS

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

Principal Office Address:

999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

Mailing Address:

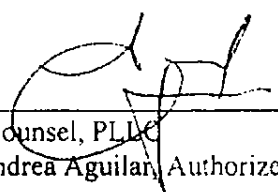
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Tax Counsel, PLLC
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

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.



Tax Counsel, PLLC

By Andrea Aguilar, Authorized Representative

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

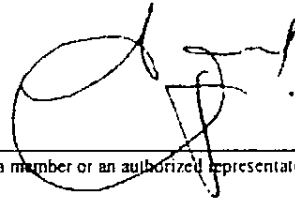
Name and Address:

Barczapol, LLC

999 Ponce de Leon Blvd., Ste. 720

Coral Gables, FL 33134

REQUIRED SIGNATURE:



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.

Andrea Aguilar, Authorized Representative

Typed or printed name of signer

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