

Aug

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : CLARA GERALDO ENROLLD AGENT  
 Account Number : 21999000017  
 Phone : (305) 485-9300  
 Fax Number : (305) 485-1099

\*\*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.  
VP PURA VIDA USA, LLC.

|                       |          |
|-----------------------|----------|
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SEC  
TALLAHASSEE, FL

2021  
05 PM 4:49

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

**VP PURA VIDA USA, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**VP PURA VIDA USA, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**7939 NW 21 ST  
DORAL, FL. 33122**

The mailing address shall be:

**7939 NW 21 ST  
DORAL, FL. 33122**

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

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

**ALFONSO GOMEZ BARRANTES**

**7939 NW 21 ST**  
Florida Street address (P.O.BOX NOT acceptable)  
**DORAL, FL. 33122**  
City, State, and Zip

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SECTION 601  
TALLAHASSEE, FL

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.

Alfonso Gómez Barrantes  
**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ALFONSO GOMEZ BARRANTES**  
7939 NW 21 ST  
DORAL, FL. 33122

**AMBR**

**JONATHAN JAHON**  
7939 NW 21 ST  
DORAL, FL. 33122

**MANAGER**

Alfonso Gómez Barrantes  
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 penalties of perjury that the facts stated herein are true.)

Alfonso Gómez Barrantes  
**ALFONSO GOMEZ BARRANTES**  
Typed or printed name of signer