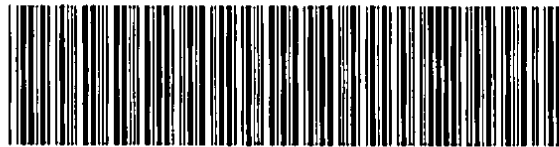


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED DOMESTICATION FOR:

NEWCO VIDA INVESTMENT, LIMITED LIABILITY COMPANY

PLEASE RETURN A STAMPED COPY

THANK YOU

CHECK# 9664      FOR: \$150.00

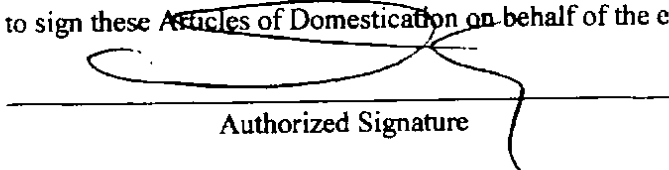


## ARTICLES OF DOMESTICATION

In accordance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:

1. The date on which the entity was first formed was: December 9, 2009
2. The name of the entity immediately prior to the filing of the Articles of Domestication was:  
NEWCO VIDA INVESTMENT, SOCIEDAD DE RESPONSABILIDAD LIMITADA
3. Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
4. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: THE REPUBLIC OF PANAMA
5. The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.

I am authorized to sign these ~~Articles of Domestication~~ on behalf of the entity.

  
\_\_\_\_\_  
Authorized Signature

6. Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation, pursuant to s. 605.1055 (3), Florida Statutes.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEWCO VIDA INVESTMENT, LIMITED LIABILITY COMPANY

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

175 SW 7TH STREET SUITE 1817

MIAMI, FLORIDA. 33130

**Mailing Address:**

175 SW 7TH STREET SUITE 1817

MIAMI, FLORIDA. 33130

**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:

CARLOS A. ESPINOSA PEREZ

Name

175 SW 7TH STREET, SUITE 1817

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

33130

FL

City

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 Agent's Signature (REQUIRED)

(CONTINUED)

