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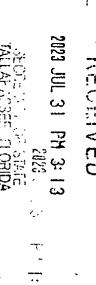
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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08/61/23--01001--001 **155.00



FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

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

COVER LETTER

TO:	New Filing Section Division of Corporations		
CHDT	NEWCO VIDA INVESTMENT, SOCI	EDAD DE RI	ESPONSABILIDAD LIMITADA
SUBJ	ECT:	of Limited Lie	bility Company
		OI CHIMICA LIS	minty Company
Dear S	ir or Madam:		
The en	closed Articles of Domestication of a Non-L	J.S. Entity a	and fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the fe	ollowing:
CARL	OS A ESPINOSA		
	Name of Person		_
	Firm/Company		_
175 S	W 7I'H STREET SUITE 1817		
 -	Address		
MIAMI	, FLORIDA. 33130		
	City/State and Zip Code		-
ceo@es	pigaholdings.com		
	E-mail address: (to be used for future annual repo	ort notification)	
For fur	ther information concerning this matter, plea	se call:	
	LOS A ESPINOSA	786	531 4727
	Name of Person	Area Code	Daytime Telephone Number
	Mailing Address:		Street Address:
	New Filing Section		New Filing Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Domestication: Articles of Organization: \$125
Total to Domesticate and file: \$150

\$25

ARTICLES OF DOMESTICATION

In accor	rdance 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 Acticles 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.					
CR2E1	43 (3/17)					

ARTICLES OF ORGANIZATION FOR FLORIDA 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 MIAMI, FLORIDA. 33130 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:	7
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business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	r another
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	r anoth er
CARLOS A. ESPINOSA PERFZ	
Name 175 SW 71'H STREET, SUITE 1817	
Florida street address (P.O. Box NOT acceptable)	
MIAMI 33130 FL	
City Zip	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager MGR	VICENTE R. BUSTAMANTE LIVING TRUST	_
MCIR		_
		_
_		_
		_
		-
		_
		_
		_
		_
(Use attachment if necessary)		_
ARTICLE V: Effective date, if other than the	e date of filing: (OPTI	ONAL)
(If an effective date is listed, the date must b days after the date of filing.)	e specific and cannot be more than five business day	ys prior to or 90 catenda
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Signature of a member or an authorized epresentative	
	- (under the negaties of periusy
that the facts stated herein are true, I am aware that	tatutes, the execution of this document constitutes an affirmation t any false information submitted in a document to the Departme gree felony as provided for in s.817.155, F.S.)	nt of State constitutes a third
CARLOS A. E.	SPINOSA	
	Typed or printed name of signee	
	Filing Fees:	PM
\$125.00 Filing Fee for Artic \$ 30.00 Certified Copy (Op	les of Organization and Designation of Registered stional) \$ 5.00 Certificate of Status	Agent (Optional)