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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

DI: P R-EVOLUTION LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name DI: P R-EVOLUTION LLC

ARTICLE II- Address: 7124 ABBOTT AVE. SUITE # B MIAMI BEACH, FL 33141

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

IGNACIO MAZZINI
NAME

7124 ABBOTT AVE SUITE # B
Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH, FL 33141
City, State, and Zip Code

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 608, F.S.

[Signature]
Registered Agent's Signature

ARTICLE IV -- MANAGEMENT (Check box if applicable)

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

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

IGNACIO MAZZINI
Typed or printed name of signee

ARTICLE
AND
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TALLAHASSEE, FLORIDA