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Florida Department of State

Division of Corporations Public Access System

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(((H04000090425 3)))

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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

2 (305)716-0346

LIMITED LIABILITY COMPANY

MAPAVICO LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filling

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
MAPAVICO LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and street address of the principal office of the Limited Liability Concerning address and the principal office of the Limited Liability Concerning address and the principal office of the Limited Liability Concerning address and the principal office of the Limited Liability Concerning address and the Liability Concerning	n,d-
The name and the Florida street address of the registered agent are:	
Eduando D. Vila	
Name	
14920 SW 43 ST	
Florida street address (P.O. Box NOT acceptable)	
MIAM) FL FL 33185 City, State, and Zip	•
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above so liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the pro-	ment as ovistons of all
liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostantes relating to the proper and complete performance of my duties, and I am familiate accept the obligations of my position as registered agent as provided for in Chapter 608	ment as ovisions of all or with and 3, F.S.
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NAME:

MAPAVICO LLC OR VICOMAPA LLC

CALLE 114#9-45 TORRE 8 OF. 902

BOGOTA D.C., COLOMBIA

Members

MAURICIO PATIÑO VICTOR CORTES

REGISTERED AGENT: EDUARDO D. VILA

14920 S.W. 43 ST. MIAMI, FL 33185

(305) 498-0108

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