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

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**LIMITED LIABILITY COMPANY**

**legatien unica, llc**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LEGATIEN UNICA, LLC

## ARTICLE II - Address:

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

18851 NE 29<sup>TH</sup> AVENUE, STE 900  
AVENTURA, FL 33180

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

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

MARK E. ROUSSO, ESQ.

18851 NE 29<sup>th</sup> Avenue, Suite 900  
Aventura, FL 33180

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.

  
 Registered Agent's Signature

## ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by the managers and is, therefore, a manager managed company.

The Managers areMARK E. ROUSSO  
FERNANDO HORIGIAN
  
 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.)

MARK E. ROUSSO

Typed or printed name of signee

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