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To:

Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

EFLORIDA/FOREIGN LIMITED LIABILI

g & I villamagna, llc

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1 of 1

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

G & L Villamagna, LLC

ARTICLE I

The name of this Limited Liability Company is:

GEL Villamagna LLC

ARTICLE II

This Limited Liability Company shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The mailing address and principal place of business of this Limited Liability Company is: 6620 542 139 Avenue, Midmi, 72 33183

ARTICLE IV

The general nature of business of this Limited Liability Company is to transact any and all lawful business.

ARTICLE V

The name and street address of the initial Registered Agent of the this corporation shall be:

Nelson A Rodriguez Varela

2 Alhambra Plaza, Suite 201 // 2

Coral Gables, FL 33134

Page I of 3

ARTICLE VI

The name and address of each Manager or Managing Member is as follows:

Į.	Andicas G. Leventaros	61 Rue Talheimer 92120
	A Managing Member	Market in France
2.	Carthe Diminos Burlousis	23 Kanari Street
	Managina Member	HMANS-10673-61-eece_
3.	Paul Alexandre Tarquin	50 Rue Dident 92100
	Managing Member	Montreul France

(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.)

OS FED II. ATTO: 43

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CENTIFICATE OF DESIGNATION RECISTERED AGENT/REGISTERED OFFICE

G&L Villamagna LLC

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 purther 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

RECESTERED AGENT NAME:

Nelson A Rodriguez Varcla

ADDRESS:

2 Albambra Plaza, Suite 801

CITY OF:

MIANT COUNTY OF:

MIAMI-DADE STATE OF:

FLORIDA

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Page 3 of 3