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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ECCS LATIN AMERICA, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF

ECCS LATINAMERICA, LLC

ARTICLE I Name:

The name of the Limited Liability Company is:

ECCS LATINAMERICA, LLC

ARTICLE II Address:

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

18851 NE 29th Avenue, Ste 900
Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida Street Address of the registered agent are:

Leonardo A. Roth, Esq.
Roth, Rousso, Katzman & Schneider, LLP.
18851 NE 29th Avenue, Ste 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 605, 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 the name and address of the managers are:

1. Daisa Mercedes Nazaret Largo: 18851 NE 29th Avenue, Ste 900, Aventura, FL 33180
2. Jose Miguel Munarriz Sanchez: 18851 NE 29th Avenue, Ste 900, Aventura, FL 33180


Signature

(In accordance with section 605.008(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAISA MERCEDES NAZARET LARGO.
Typed or printed name of signer

SECRETARY OF STATE
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