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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.

latam link, llc

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
LATAM LINK, LLC.**

ARTICLE I Name:

The name of the Limited Liability Company is:

LATAM LINK, 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 & Katsman, 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 this 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.



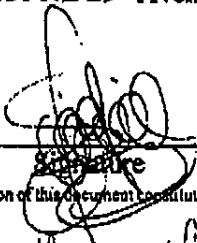
Registered Agent's Signature

ARTICLE IV Management: (Check box if applicable)

☒ The Limited Liability Company is to be managed by the managers and the name and address of the managers are:

- | | | |
|----|------------------|---|
| 1. | Monica Vargas: | 18851 NE 29 th Avenue, Ste 900, Aventura, FL 33180 |
| 2. | Jesus Contreras: | 18851 NE 29 th Avenue, Ste 900, Aventura, FL 33180 |
| 3. | Luis Contreras: | 18851 NE 29 th Avenue, Ste 900, Aventura, FL 33180 |

(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)



Monica Vargas
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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