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RIDA/FOREIGN LIMITED LIABILITY CO.

ANALIFT, LLC

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FAX AUDIT # 4070001238873

ARTICLES OF ORGANIZATION OF ANALIFT, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: ANALIFT, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3250 NE 28 St., #312, Fort Lauderdale, Florida 33308.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Octavio Urdaneta, 3250 NE 28 St., #312, Fort Lauderdale, Florida 33308. Located in the County of Broward.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

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ARTICLE V

MANAGERS/MEMBERS .

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Octavio Urdaneta, 3250 NE 28 St., #312, Fort Lauderdale, Florida 33308 Maria Gonzalez, 3250 NE 28 St., #312, Fort Lauderdale, Florida 33308

NY-4 AM 9:51
ETARY OF STATE
WASSEE, FLORID

T. Com

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: ANALIFT, LLC

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The name and address of the registered agent and office is Octavio Urdaneta, 3250 NE 28 St., #312, Fort Lauderdale, Florida 33308. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Octavio Urdaneta

Date:

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SECRETARY OF STATE
TALLAHASSEE, FLORID