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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SIMVA L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
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NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is
SIMVA L.L.C.

ARTICLE II - Address:

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

1150 N.W. 72nd Avenue, Suite 555
Miami, Florida, 33126.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company
shall be: Perpetual

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members
and the names and addresses of the managing members are:

SIMON SCHWARTZ 1150 N.W. 72nd avenue Suite 555
Miami, Fl. 33126

VALERIJUS STANKEVICIUS 1150 N.W. 72nd Avenue Suite 555
Miami, Fl. 33126

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions shall be:

UNANIMOUS WRITTEN CONSENT OF ALL MEMBERS

ARTICLE VI - Member's Rights to Continue Business

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

UNANIMOUS WRITTEN CONSENT OF ALL REMAINING MEMBERS

The undersigned member or authorized representative of a member of **SIMVA L.L.C.** certifies:

1. The above named Limited Liability Company has at least one member.



Simon Schwartz., Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT\REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SIMVA INVESTMENTS L.L.C.

2. The name of the Florida street address of the
registered agent is:

**SIMON SCHWARTZ
1150 N.W. 72nd Avenue #555
Miami, Fl. 33126**

Having been named as registered agent and to accept service
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.



Simon Schwartz