Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000071289 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

# FLORIDA LIMITED LIABILITY CO. VIVACLEAN "LLC".

Certificate of Status 0
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### H10000071289

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vivaclea	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13120 SW 64 Ter Apt. # 1502 Miami, FL 331	1312.0 SW 64 Ter ASSESSED AND THE SUBSTITUTE SECOND AND THE SUBSTITUTE SECOND ASSESSED ASSESS
ARTICLE III - Registered Agent, I (The Limited Liability Company cannot serve as in business entity with an active Plorida registration	its own Registered Agent. You must designate an individual or another [17]
The name and the Florida street address	
Hector	L Vivanço
<u>13120 SW</u>	64 Tev Apt. # 1502 ida street address (P.O. Box NOT acceptable)
MIAN	n <u>l fl 33183</u>

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 regisfered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## H10000071289

LAZARUS

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
"MGRM"	Hector L Vivanco  13120 SW 64 Ter Apt #1502  MIAMI FL 33183
"MGR"	Mary C. Valarezo 13120 SW 64 Tex. Apt #1502 MIGITO, FL 33183
	ALT.
	SECRETAR) ALLAHASS
•	AHASS
(Use attachment if necessary)	70 A
CLE V: Effective date, if other than t	the date of filing: (OPTIONALE S
effective date is listed, the date must	t be specific and cannot be more than five business days prior
0 days after the date of filing.)	
REQUIRED SIGNATURE:	/ h
	Sitisf
· • • • • • • • • • • • • • • • • • • •	
Signature of a men	ober or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

#### **FAX COVER SHEET**

To:

From: "GC.Fax"

<GC.Fax@RaymondJames.com>

Company:

Date: 03/30/10 10:07:31 AM

Fax Number: 8506176383

Pages (Including cover): 4

Re: H10000071235 3 - Articles of Organization - Raymond James Canada LLC

Notes:

Debbie Hawke

Executive Assistant | Legal Department

Raymond James Financial, Inc. § 880 Carillon Parkway § St. Petersburg, FL. 337

Phone (727) 567-5185 [ Fax (866) 203-0522

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