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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : T20073000160 Phone : (800)494-3124 Fax Number : (561)455-9885

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### FLORIDA LIMITED LIABILITY CO.

Plus Mex LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

PLUS MEX LLC

#### ARTICLE II ADDRESS

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

1537 VICTORIA ISLE WAY WESTON, FLORIDA 33327

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent, are:

SILVIA BROGNO

1537 VICTORIA ISLE WAY
WESTON, FLORIDA 33327

Having been named as registered agent 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 608, F.S.

SILVIA BROGNO / Registered Agent's signature

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PLUS MEX LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
DORIS SALINAS
1537 VICTORIA ISLE WAY
WESTON, FLORIDA 33327

MANAGING MEMBER JOANNA VANESSA SOLODKIN POSTERNAK 1537 VICTORIA ISLE WAY WESTON, FLORIDA 33327 10 JUNIT AM 8: 22

Signature of a member or an authorized representative of a member (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.

**DORIS SALINAS**