Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108

Fax Number : (305)381-8109

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

Email Address: mf@attorneymiami.com

FLORIDA LIMITED LIABILITY CO.

AVID LLC

RECEIVED 2 SEP 17 PM 2: 43 ECRETARY OF STATE ILLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE | - Name:

The name of the Limited Liability Company is: AVID LLC

ARTICLE II- Address:

The mailing address and the street address of the principal office of the Limited Liability Company is: 305 West Dilido Drive, Miami Beach, FL 33139.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Geoffrey M. Wayne, Esq. 135 San Lorenzo Avenue PH 840 Coral Gables, FL 33146

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

ARTICLE IV - Management (Check box if applicable.)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - The name and address of each Manager, Managing Member, or Officer is as follows:

Anick Vorbe - Ma

Manager -

305 West Dilido Drive

Miami Beach, FL 33139

Anick Vorbe -

President

305 West Dilido Drive

Miami Beach, FL 33139

(An additional article must be added if an effective date is requested)

Skoffren M. Wanne Outhorized Representa Signature of a member or an authorized representative of a member.

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(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.)

Geoffrey M. Wayne
Typed or printed name of signee

FILING FEES:

- \$ 100,00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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