INDIE: FIERS	c 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.
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Note: DO NO	OT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
annu	Fax Number : (850)617-6383 Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 the email address for this business entity to be used for future he email address for this business entity to be used for future he email address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he anall address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for this business entity to be used for future he address for future be address for future he a
SEP 25 RM 1:54 CAETARY OF STATE ATAASSEE. FLORIDA	FLORIDA LIMITED LIABILITY CO. IN SEP   LOYALTY HOLDINGS, LLC IN SEP   Certificate of Status 1   Certified Copy 0   Page Count 03   Estimated Charge \$130.00

EXAMINER

3.	
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ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPA
<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is	s:
LOYALTY HOLDINGS, LLC (Must and with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
<b>ARTICLE II - Address:</b> The mailing address and street address of the p	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
120 NE 27TH STREET, SUITE 500, MIAMI, FL 33137	120 NE 27TH STREET, SUITE 500, MIAMI, FL 33137
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ristered Agent. You must designate an individual of another
The name and the Florida street address of the	registered agent are:

<u>ع</u>

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##5620 P.002/003

MIAMI, FL, 33137 FL City, State, and Zip

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..

t's Signature REQUIRED) Registered (CONTINUED)

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	ARTICLE IV- Manager(s) or Manager (s) or Manager (s	anaging Member(s): ager or Managing Member is as follows:	
	<u>Title:</u> "MGR" – Manager "MGRM" – Managing Member	Name and Address:	
	MGRM	EDGARDO CHAPOUILLE 120 NE 27TH STREET, SUITE 500	
	MGRM	MIAMI, FL 33137 SILVIA ZARRAGA 120 NE 27TH STREET, SUITE 500 MIAMI, FL 33137	
			2 SEP 25
			AM 9: 27
	(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE
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.)
EDGARDO CHAPOUILLE
Typed or printed name of signee
Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Capy (Optional)
\$ 5.00 Certificate of Status (Optional)

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