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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
ALCAMI INVESTMENT LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALCami INVESTMENT LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:10720 NW 66 ST
#213
MIAMI FL 33178Mailing Address:SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARIA MILVIA YANNUZZI DE MICELLI
Name10720 NW 66 ST #213Florida street address (P.O. Box NOT acceptable)MIAMI FL 33178

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H13000215131

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMMARIA PURIFICACION ARIAS
10720 NW 66 ST #213
MIAMI FL 33178MGRMMARIA MILVIA YANNUZZI DE MICELLI
10720 NW 66 ST #213
MIAMI FL 33178MGRMIGUEL MICELLI
10720 NW 66 ST #213
MIAMI FL 33178MGRALDO MICELLI
10720 NW 66 ST #213
MIAMI FL 33178

(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:

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.812.155, F.S.)

Typed or printed name of signee

SIGNATURE OF SIGNED

MARIA MILVIA YANNUZZI DE MICELLI

TYPE OR PRINT NAME OF SIGNED

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TALLAHASSEE, FLORIDA

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