Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SALOMON B. ESQUENAZI, P.A.

Account Number : 120130000020 Phone : (954)923-6200 Fax Number : (954)923-6208

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FLORIDA LIMITED LIABILITY CO. **ELV Distribution LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is:

ELV Distribution LLC

ARTICLE II. - Addresses

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

6000 Island Blvd., Apt. 1008 Aventura, FL 33160

ARTICLE III. – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporate Solutions of South Florida, Inc. 4651 Sheridan Street, Suite 355, Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc

Salomon B. Esquenazi, President

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This instrument was prepared by:
Salomon B. Esquenazi, P.A.
Salomon B. Esquenazi, Esq.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 923-6200

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ARTICLE IV. - Management:

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The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial managers are:

> Miriam Mitrani 6000 Island Blvd., Apt. 1008 Aventura, FL 33160

> Rodney Rafael Bensadon 6000 Island Blvd., Apt. 1008 Aventura, FL 33160

Print name: Rodney Rafael Bensadon

Signature of a member or authorized representative of a member. In accordance with section 605.0203 (1) (b), 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.817.155, F.S.)

1852-5853-0594, v. 1

Audit No: H15000068087 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. Salomon B. Esquenazi, Esq. 4651 Sheridan Street, Suite 355 Hollywood, Florida 33021 (954) 923-6200