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Florida Department of State  
Division of Corporations  
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From:

Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954) 989-4995  
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**FLORIDA LIMITED LIABILITY CO.  
PDV Life Group LLC**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**PDV Life Group LLC**

**ARTICLE II. - Addresses**

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

2500 E. Hallandale Beach Blvd.  
Suite 710  
Hallandale Beach, FL 33009

**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

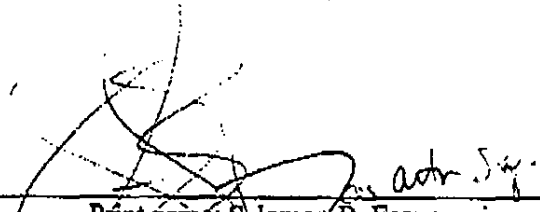
Audit No: H15000199711 3  
This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
Salomon B. Esquenazi, Esq.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995

Audit No. H15000176548 3

**ARTICLE IV. - Management:**

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

**Aldo Facchi**  
2500 E. Hallandale Beach Blvd.  
Suite 710  
Hallandale Beach, FL 33009

  
\_\_\_\_\_  
Print name: Salomon B. Esquenazi  
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.)

4812-5858-7175, v. 1

Audit No: H15000176548 3  
This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
Salomon B. Esquenazi, Esq.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995