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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
MATHO'S VID LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

REC'D
16 SEP 27 PM 11:38
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16 SEP 27 AM 9:46
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")*

Matho's VID LLC

ARTICLE II - Address:

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

9717 hammocks blvd 33196
Apt 208
Miami, Florida, 33196

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Damian Danilo Villamil
9717 Hammocks Blvd Apt 208
Miami FL 33196

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Damian Danilo Villamil (AMBR)
Enny Juliana Lopez (AMBR)

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SECRETARY OF STATE
STATE OF FLORIDA

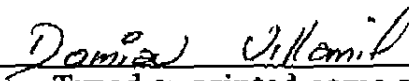
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Required Signatures:



Signature of a member or an 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.



Typed or printed name of signee

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 605, F.S..



Registered Agent's Signature (REQUIRED)

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STATE OF FLORIDA
DEPARTMENT OF STATE

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