Lindodain 14			
(Requestor's Name) (Address)	600293231896		
(Address) (City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)			
Certified Copies Certificates of Status	DEPARTACEN 16 DEC 14 A		
ž.	AM 0: 52		
Office Use Onty	C. GOLDEN DEC 1 5 2016		

ł

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

3

ACCOUNT NO. : I2000000195

REFERENCE : 419550

4311639 nelselena COST LIMIT : \$ 155.00

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

AUTHORIZATION :

- ORDER DATE : December 13, 2016
- ORDER TIME : 9:51 AM

ORDER NO. : 419550-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME : TRUVITECH, LLC

EFFECTIVE DATE:

XX	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	SECRET	2016 DEC	j
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:		£	[
<u>XX</u>	_ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING		Pil 1: 34	

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION OF TRUVITECH, LLC

FILED 2016 DEC 14 PM 1: 34 SECRETARY DUSTATE TALLAHASSEED PLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is: TRUVITECH, LLC

ARTICLE II: - Address

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

3038 Allamanda St. Miami, Florida 33133

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

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.

Corporation Service Company,		
Registered Agent		
TIAN /		
By:	_	
Name: Courtney Williams	_	
Title: Asst. V.P.		

ARTICLE IV: - Management

The name and address of the person authorized to manage and control the limited liability company is as follows:

<u>Title</u> :	Name and Address:
MGR	Vance Lemmon 3038 Allamanda St. Miami, Florida 33133

MGR

Hassan Al-Ali 3038 Allamanda St. Miami, Florida 33133

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on December 13, 2016.

Tara A. Jackson, Authorized Signer

(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 Section 817.155, Florida Statutes.)

> Tara A. Jackson Typed or printed name of signee

2016 DEC 14 PM 1: 34