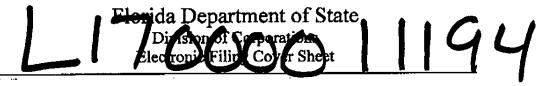
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000016245 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **SVES GLOBAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

. . . .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:		
SVES GLOBAL LL	.c		
	with the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	: address of the principal of	ffice of the Limite	d Liability Company is:
Princip	oal Office Address:		Mailing Address:
2999 NE 191 STRE	BT, SUITE 702	64	LAWRENCE AVENUE
AVENTURA, FL 3		LA	WRENCE, NY 11559
	Vcorp Services, LLC	Name	
	5011 South State Ros		
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)
	Davie	FL	33314
	City	State	Zip
place designated in this certificate further agree to comply with the p	e, I hereby accept the apport provisions of all statutes re bligations of my position of	ointment as registered as registered as registered agen	he above stated limited liability company at the stred agent and agree to act in this capacity. I er and complete performance of my duties, and I t as provided for in Chapter 605, F.S ature (REQUIRED)
		(CONTINUED)
		Page 1 of 2	

Title:	Name and Address:
"AMBR" = Authorized Member	 :
"MGR" = Manager	
AMBR	SALOMON MURCIANO
,	2999 NE 191 STREET, SUITE 702
	AVENTURA, PL 33180
	<u></u>
	
(Use attachment if necessary) EV: Effective date, if other than the defective date is listed, the date must be	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the defective date is listed, the date must be of filing.) f the date inserted in this block does no	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not iment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will no not of State's records. All Jal member or an authorized representative of a member.
EV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in This document is exercised.	member or an authorized representative of a member.
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EV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert I am aware that any faconstitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. The state of State's records and the state of a member or an authorized representative of a member. State of a member o