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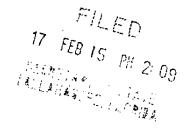
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February 14, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: REPOJAVI USA LLC

REF: W17000012765

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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Matthew T Moon Regulatory Specialist II New Filing Section FAX Aud. #: H17000042095 Letter Number: 917A00002882

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE

The Name of the Limited Liability Company shall be:

REPOJAVI USA LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

2315 NW 107TH AVE STE IM28 B117 DORAL, FL 33172

ARTICLE IV

The name of the Manager(S) shall be:

<u>A</u>MBR

GERMAN J. ALVARENGA 2315 NW 107TH AVE STE IM28 B117 DORAL, FL 33172

AMBR JENNIFER G. ALVARENGA 2315 NW 107TH AVE STE IM28 B117 DORA, FL 33172

AMBR KEVIN J. ALVERENGA 2315 NW 107TH AVE STE IM28 B117 DORAL, FL 33172

LOURDES M. ZUNIGA 2315 NW 107TH AVE STE IM28 B117 DORAL, FL 33172

AMBR HAZBEL LUGO 2315 NW 107TH AVE STE IM28 B117 DORAL, FL 33172

ARTICLE V

The name and Florida street address of the registered agent shall be:

VH FINANCIAL SERVICES, INC. 175 FONTAINEBLEAU BLVD I-R13 MIAMI, FL 33172

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

REPOJAVI USA LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the enticles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

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 permittee of perjury that the facts stated herein are true.)

GERMAN J ALVARENGA

Typed or printed name signee

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