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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : A.A.ALI, CPA

Account Number : I20000000192

Phone : (407)298-3900.

Fax Number

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

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FLORIDA LIMITED LIABILITY CO. THREE Vs LLC

| Certificate of Status | 1 |
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February 16, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A.A.ALI, CPA

SUBJECT: THREE VX LLC

REF: W17000013701

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

FAX Aud. #: H17000044218 Letter Number: 917A00003086

17 FEB 15 AH II: 06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

THREE Vs, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

758 CITRUS COVE DR. WINTER GARDEN, FL 34787

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

CHANDER PERSAUD 758 CITRUS COVE DR. WINTER GARDEN, FL 34787

. 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..

CHANDER PERSAUD/ Registered Agent's Signature

(((HMO000442183)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager
"MGRM" = Managing Member

CHANDER PERSAUD- MGRM 758 CITRUS COVE DR. WINTER GARDEN, FL 34787

KUMMARY PERSAUD – MGRM 758 CITRUS COVE DR. WINTER GARDEN, FL 34787

ARTICLE V: Effective date, if other than the date of filing: 2/16/2017 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHANDER PERSAUD

Typed or printed name of signee