Electronic Articles of Organization For Florida Limited Liability Company

L17000086192 FILED 8:00 AM April 18, 2017 Sec. Of State slsingleton

Article I

The name of the Limited Liability Company is: INPHLORAL ORAL CARE LLC

Article II

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

10796 PINES BLVD SUITE 204 PEMBROKE PINES, FL. US 33026

The mailing address of the Limited Liability Company is:

10796 PINES BLVD SUITE 204 PEMBROKE PINES, FL. US 33026

Article III

Other provisions, if any:

ORAL HYGIENE PRODUCTS

Article IV

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

MOYAL ACCOUNTING SERVICES INC 10796 PINES BLVD SUITE 204 PEMBROKE PINES, FL. 33026

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.

Registered Agent Signature: PATRICK MOYAL

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR

MARCIA FARIDE AMAR

RUA CAPOTE VALENTE 439 CONJ.65

SAO PAULO, BR. BRAZIL BR

Article VI

The effective date for this Limited Liability Company shall be:

04/18/2017

Signature of member or an authorized representative

Electronic Signature: MARCIA FARIDE AMAR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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