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**FLORIDA LIMITED LIABILITY CO.  
INVERSIONES MONY, LLC**

Certificate of Status	1
Certified Copy	0
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OCT 04 2017

K. Brumbley

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES MONY, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

155 OCEAN LANE DR

APT # 612

KEY BISCAWAYNE, FL 33149

Mailing Address:

155 OCEAN LANE DR

APT # 612

KEY BISCAWAYNE, FL 33149

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:

CLAUDIO JERONIMO PECCHIO VETENCOURT

Name

155 OCEAN LANE DR # 612

Florida street address (P.O. Box NOT acceptable)

KEY BISCAWAYNE

FL 33149

City

Zip

17 OCT - 3 AM 9:19  
STATE OF FLORIDA  
ALLAHASSEE, FL 09111

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" - Authorized Member  
"MGR" - Manager  
AMBR

Name and Address:

CLAUDIO JERONIMO PECCHIO VETENCOURT  
155 OCEAN LANE DR. APT # 612  
KEY BISCAYNE, FL 33149

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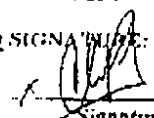
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:



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 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 s.817.155, F.S.)

CLAUDIO JERONIMO PECCHIO VETENCOURT

(Typed or printed name of signee)

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