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From:

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# FLORIDA LIMITED LIABILITY CO. MONICA DE LA VALLE SPA LLC

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#### ARTICLES OF ORGANization for Florida Limited Liability company

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

## MONICA DE LA VALLE SPA 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:

MAILING ADDRESS

2968 CORAL WAY MIAMI, FL. 33145

2968 CORAL WAY MIAMI, FL. 33145

### ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration )

The name and the Florida street address of the registered agent are: MONICA SALDARRIAGA DE LA VALLE

Name

2968 CORAL WAY

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

MIAMI, FL. 33145

City, State, and Zip.

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 certificated. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 60 f. F.S.

Registered Agent's Signature (Requiered)

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#### ARTICLE IV - Manager(s) or Managing Member(s);

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

Title:

Name and Address:

"MGR" - Manager

"MGRM" = Managing Member

MGR

MONICA SALDARRIAGA DE LA VALLE

2968 CORAL WAY MIAMI, FL. 33145

MGR

DANIELA OROZCO SALDARRIAGA

2968 CORAL WAY MIAMI, FL. 33145

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING: 04/06/2018, (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 FILLING.)

REQUIRED SIGNATURE:

CHANGE OF A VENUE OF AN AUTHORITED PERSON ATTUCORS

(in accordance with section 66 Florida distance, the execution of this document constitutes on affermation under the penalties of paying that the facts stated kerein at true, )

MONICA SALDARRIAGA DE LA VALLE

Typed or printed some of signer

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