8/2/2018 **Division**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

AVINX Labs LLC

Certificate of Status	00
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION

AVINX Labs LLC a Florida limited liability company

> ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

AVINX Labs LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

> 145 Haist Ave. Unit 8 Vaughan, ON L4L5V1 CA

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Juan C. Villaveces 240 South Pincapple Avenue 10th Floor Sarasota, Florida 34236

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

> Joseph P. Genova 145 Haist Ave. Unit 8 Vaughan, ON L4L5V1 CA

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These Articles of Organization have been executed as of the 2rd day of August, 2018.

<u>....</u> ...,

"MANAGER"

SECRETARY OF STATE

SLK_SAR#464517vL

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

AVINX Labs LLC

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

Juan C. Villaveces 240 South Pineapple Avenue 10th Floor Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

Juan C. Viltaveces

"REGISTERED AGENT"

AUG-2 AM 9:

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