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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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Email Address: Johanna.K.86U@gmail.com

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FLORIDA LIMITED LIABILITY CO.
INVA MULTISERVICES, LLC

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Page Count	01
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MAR 18 2019

Electronic Filing Menu

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P190000 90601

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
INVA MULTISERVICES, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

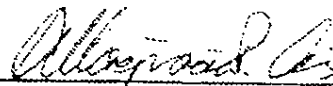
INVA MULTISERVICES, LLC

ARTICLE II - ADDRESS:

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

**722 NW 111 Place, Apt 7
Miami, FL 33172**

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



**Altagracia P. Arias
722 NW 111 Place, Apt 7
Miami, FL 33172**

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.

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ARTICLE IV - Management/Member(s):

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

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
AMBR	ALTAGRACIA P. ARIAS 722 NW 111 Place, Apt 7 Miami, FL 33172



Altagracia P. Arias

(In accordance with section 605.0201, Florida Statutes.
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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