

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L20000129404  
FILED 8:00 AM  
May 13, 2020  
Sec. Of State  
jafason**

**Article I**

The name of the Limited Liability Company is:

DCX FLUIDS LLC

**Article II**

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

3105 NW 107 AVE  
STE 606  
DORAL, FL. 33172

The mailing address of the Limited Liability Company is:

3105 NW 107 AVE  
STE 606  
DORAL, FL. 33172

**Article III**

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

GAZSO VON KLINGSPOR & COMPANY  
3105 NW 107 AVE  
SUITE 400  
DORAL, 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.

Registered Agent Signature: DR. ANDRES GAZSO

#### **Article IV**

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

Title: MGR  
JUAN MANUEL FAYEN  
3105 NW 107 AVE. STE 606  
DORAL, FL. 33172

Title: MGR  
MARTIN SCHOFFEL  
5224 NW 94TH DORAL PLACE  
DORAL, FL. 33178

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#### **Article V**

The effective date for this Limited Liability Company shall be:

05/11/2020

Signature of member or an authorized representative

Electronic Signature: ANDRES GAZSO

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.