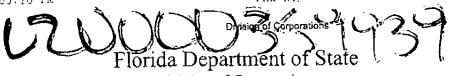
11/23/2020



Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. JOIVIPA LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

J. FASON

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Electronic Filing Menu

Corporate Filing Menu

Help

| ARTICLESOF | ORGANIZATION FOR I | FLORIDALIMITED | LIABILITY COMPANY | |
|---|--|--|--|---------------------------------|
| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | |
| JOIVIPA LLC | | | 7. X. O. D | |
| (Must conta | in the words "Limited I | Liability Company, " | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal o | ffice of the Limited | Liability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 1110 BRICKELL AV | E | | · | |
| STE: 430 IAMI, FL 33131 | SAM | <u> </u> | | |
| (The Limited Liability Company another business entity with an a The name and the Florida street a | ctive Florida registratio | n.) - | Ou must designate an indi | vidual or |
| | NORKA DADINO | Name | | |
| | 1110 BRICKELL AV | VE STE: 430 | | |
| | Florida street addres | s (P.O. Box <u>NOT</u> ac | cceptable) | |
| | MIAMI | FL | 33131 | |
| | City | State | Zip | |
| Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the ob- | I hereby accept the appositions of all statutes re | ointment as registere clating to the proper | ed agent and agree to act in and complete performance | this capacity. of my duties, |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

٠,٠

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: | | |
|--|---|-------------|-----|
| "MGR" = Manager | | | |
| AMBR | JOSE OCCHIATO | _ | |
| | 1110 BRICKELL AVE STE: 430 MIAMI, FL 33131 | - - | |
| AMBR | IVANA FLORENCIA OCCHIATO | | |
| ANALYS. | 1110 BRICKELL AVE STE: 430 MIAML FL 33131 | - - - | |
| | DATE A CARRI PORMATA | 20 | |
| AMBR | PAULA ISABEL FORNALA 1110 BRICKELL AVE STE: 430 | 20 t | |
| | MIAMI, FL 33131 | - ¥0; | ٠,٠ |
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| (Use attachment if necessary) | د چنا ت | : 54 | |
| | (070000144) | | |
| ICLE V: Effective date, it other than the d | late of filing: (QPTIONAL) | | |
| a effective date is listed, the date must be | late of filing: | days af | ter |
| n effective date is listed, the date must be ate of filing.) :: If the date inserted in this block does n | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not | | |
| n effective date is listed, the date must be late of filing.) | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not | | |
| n effective date is listed, the date must be ate of filing.) :: If the date inserted in this block does n | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not | | |
| n effective date is listed, the date must be late of filing.) : If the date inserted in this block does no locument's effective date on the Departme | specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not | | |
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| n effective date is listed, the date must be late of filing.) E. If the date inserted in this block does not locument's effective date on the Department of | expecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records. I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. | | |
| effective date is listed, the date must be ate of filing.) If the date inserted in this block does not occurrent's effective date on the Department occurrent's expectation of a signature of a This document is expectation of a signature of a an aware that any feature of a signature of a sig | especific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records. | | |
| n effective date is listed, the date must be late of filing.) If the date inserted in this block does not be locument's effective date on the Department of | member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. | | |