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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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FLORIDA LIMITED LIABILITY CO. VIVA ALF, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|----------|--------------|
| Viva ALF, LLC | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited License Company is: | ability | 202 |
| 2481 SW 145 AVE | | 833 [|
| MinHi FL 33175 | | <u> </u> |
| | | AHO: 0 |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limiter Li Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) MANVEL E OBL VAILE TR 34815W132CI Mi AMi, Fl 33195 | iability | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limite Liability Company: (MGR or AMBR) MANUEL ENRIGUE CALL VAILE JR | xd (AM | |
| | | |
| | | |

Required Signatures:

| | Signature of a member of an authorized | All representative of a member |
|--|--|--------------------------------|
|--|--|--------------------------------|

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.

HANUEL EnriqUE del VAlle JR.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)