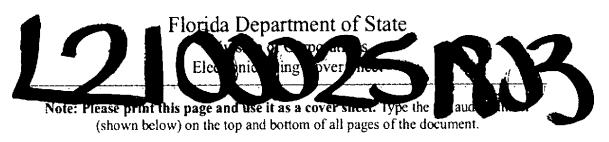
Division of Corporations

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400

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Fax Number

: (516)935-3088

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

APPROVALS.YES@GMAIL.COM

Email Address:

FLORIDA LIMITED LIABILITY CO. VIEWER TRUE LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
VIEWER TRUE LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Malling Address:
1 ALHAMBRA PLAZA, PH FLOOR MIAMI, FL 33134 1 ALHAMBRA PLAZA, PH FLOOR MIAMI, FL 33134
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
CIERRA FISCHER Name
1 ALHAMBRA PLAZA, PH FLOOR
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33134
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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
CIERRA FISCHER
Registered Agent's Signature (REQUIRED) CIERRA FISCHER

Page 1 of 2

(CONTINUED)

H21000214035

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CIERRA FISCHER
	1 ALHAMBRA PLAZA, PH FLOOR
	MIAMI, FL 33134
in the same of	
(Use attachment if necessary)	
•	(OPTIONIAL)
CLE V: Effective date, if other than the date of	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 9
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CLE V: Effective date, if other than the date of effective date is listed, the date must be specite of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi (In accordance with section 60) constitutes an affirmation undid am aware that any false information in the control of the constitutes and the constitutes are section for the constitutes and any false information.	CERRA ESCHER ber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this documen er the penalties of perjury that the facts stated herein are true.
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