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Division of Corporations
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To:
Division of Corporations
Fax Number : (950) 617-6381

From:
Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1096

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

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FLORIDA LIMITED LIABILITY CO.
INVERMEDICAL GARBAN USA, LLC.

Certificate of Status	0
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2021 JUN 30 AM 10:43

2021 JUN 30 PM 4:44

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

INVERMEDICAL GARBAN USA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

INVERMEDICAL GARBAN USA, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**9640 NW 2ND ST APT 207
PEMBROKE PINES, FL. 33024**

The mailing address shall be:

**9640 NW 2ND ST APT 207
PEMBROKE PINES, FL. 33024**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

LUIS REINALDO GARBAN RIVERO

**9640 NW 2ND ST APT 207
Florida Street address (P.O.BOX NOT acceptable)
PEMBROKE PINES, FL. 33024
City, State, and Zip**

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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

ARTICLE IV- MANAGEMENT

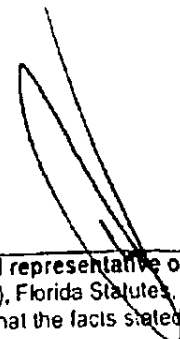
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIS REINALDO GARBAN RIVERO
9640 NW 2ND ST APT 207
PEMBROKE PINES, FL. 33024

AMBR

MORELBA RIVERO
12888 SW 53 ST
MIAMI, FL. 33175

MANAGER


Signature of a member or an authorized 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.)

LUIS REINALDO GARBAN RIVERO
Typed or printed name of signee