Electronic Articles of Organization For Florida Limited Liability Company

L21000429095 FILED 8:00 AM September 30, 2021 Sec. Of State pbarrington

Article I

The name of the Limited Liability Company is:

THE KIPU COMPANY FLORIDA LLC

Article II

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

2100 PONCE DE LEON BLVD SUITE 860 CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:

2100 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL. US 33134

Article III

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

VGV (US) SPECIAL PURPOSE # 1 LLC 2100 PONCE DE LEON BLVD SUITE 860 CORAL GABLES, FL. 33134

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: CARLOS JAVIER FIALLO

Article IV

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

Title: MGR

MARIA LUISA FRIEDRICH ESCALANTE 2100 PONCE DE LEON BLVD, SUITE 860

CORAL GABLES, FL. 33149 US

Title: MGR

SEBASTIAN CARBAJAL FRIEDRICH

2100 PONCE DE LEON BLVD SUITE 860, SUITE 8

CORAL GABLES, FL. 33149 US

Signature of member or an authorized representative

Electronic Signature: CARLOS J FIALLO

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.

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