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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. USA SANAVI

1 Certificate of Status 0 Certified Copy 03 Page Count \$130.00 Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SANAVIUSA LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab Company is:	ility	
8260 SW 102nl ST		
MIAMI FL 33156		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Liabili Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Nancy VIII-gas Aldas	itry	
8260 EW 102nd St		_
miami F1 33156		_
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) HUGO SANCHEZ (ARRION (AMBR)	2022 FEB -8	- - -
	7; 0	_ <u> </u>
VALERIA SANCHEZ VILLEGAS (AMBZ)	M 12: 37	
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Required Signatures:

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. 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.

Nancy Aida Villegas Aldas

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)

FALLAHASSEE PM 12: 3

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