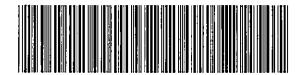
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies		
Special Instructions to	Filing Officer.	
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, ,

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Well-Duo LLC				
-				
		<u> </u>		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
			·	Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	04/11/00			UCC or 3 File
	04/11/22			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name	- Name:	- Name	l -	LE.	ICI	Į į	₹	۱ŀ	ż
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The name of the Limited Liability Company is:

2027 APR 14 PM 4: 58

WELL-DUO, LLC	SECRETAIN A STATE
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	SECRETARY DESTATE TALLAHASSEE.FL
RTICLE II - Address:	

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Alvaro Cardenas 1000 Brickell Ave., Suite 300 Miami, FL 33131 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in a coordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information subsuited in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	<u>Title:</u> "AMBR" = Aut	Name and Address: thorized Member		
MGR Eduardo Pelacaz 1000 Brickell Ave. Suite 300 Miami, Fl. 33131 Miami, Fl. 331	"MGR" = Mana	адег		
MGR Eduardo Pelacaz 1000 Brickell Ave Suite 300 Miami, FL 33131 MGR Alvaro Cardenas 1000 Brickell Ave Suite 300 Miami, FL 33131 Miami,	MGR	Robert R. Adams		
MGR Eduardo Pelaeaz 1000 Brickell Ave Suite 300 1000		1000 Brickell Ave., Suite 300		
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Robert R. Adams, Authorized Panecentative		This document is executed in accordance with section 605.0203 (1) (b), Florida S I am aware that any false information subspirited in a document to the Department of	itatutes. of State	
Typed or printed name of signee		Robert R. Adams, Authorized Representative Typed or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)