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Fax Number : (850) 617-6361

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305) 358-9166
Fax Number : (305) 347-7766

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

Email Address: rachel.trimarco@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
NAPOLI VIDA VENTURES I LLC**

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

ARTICLE I - Name

The name of the limited liability company is:

NAPOLI VIDA VENTURES I LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the limited liability company are:

14592 Tuscany Point Trail
Naples, FL 34120

ARTICLE III - Management

The limited liability company shall be managed by one or more managers (who shall be designated "Manager(s)") and is, therefore, a manager-managed company within the meaning of Section 605.0407, Florida Statutes. The rights, duties and obligations of the Manager(s) and the Member(s) of the limited liability company shall be as set forth in writing in the agreement(s) of the Member(s).

The name and street address of the initial Manager of the limited liability company are:

Rachel Trimarco
14592 Tuscany Point Trail
Naples, FL 34120

ARTICLE IV - Registered Agent and Office

The name and street address of the initial registered agent of the limited liability company are:

Rachel Trimarco
14592 Tuscany Point Trail
Naples, FL 34120

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REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above-stated limited liability company at the address designated in the Articles of Organization, the undersigned corporation hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and is familiar with and accepts the obligations of its position as registered agent, as provided for in Chapter 605, Florida Statutes.

Date: April 26, 2022.

By Rachel Trimarco
Name: Rachel Trimarco

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this
26th day of April, 2022.

Rachel Trimarco

Rachel Trimarco, Authorized Representative

(This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

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