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CORPORATIONS COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.
MPV & BAD INTERNATIONAL, LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (1), Certified Copy (0), Page Count (03), Estimated Charge (\$130.00)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 MAY -4 PM 5:02

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MPV & "BAD INTERNATIONAL, LLC

ARTICLE II - Address:

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

11800 NW 100th RD suite 5

MEDLEY, FL 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

WXC CORPORATION

8240 NW 52nd TERRACE suite 305

DORAL, FL 33166

ARTICLE IV

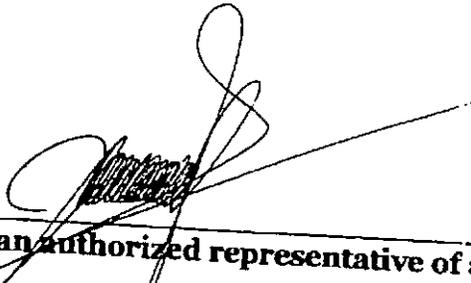
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

JOHAN ALEXANDER FERNANDEZ MEDINA AMBR

LUIS ALBERTO URIBE CALDERON AMBR

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STATE OF FLORIDA
COUNTY OF DADE

Required Signatures:



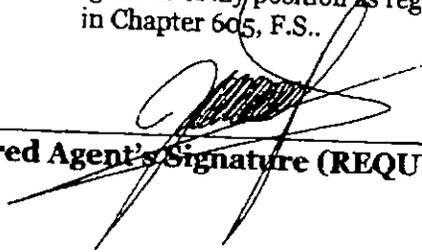
Signature of a member or an authorized representative of a member.

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.

Sohan Alexander Fernandez Medina

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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