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VICUNYA CAPITAL, LLC.

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2 AKTICLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: VICUNYA CAPITAL, LLC. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 10500 NW 26th St. Ste. A-101. 10500 NW 26th St. Stc. A-101 Doral, FL 33172 Doral, Fl. 33172 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.) The name and the Florida street address of the registered agent are: Ben Financial Services, Inc. Name 10500 NW 26th St. Ste. A-101 Florida street address (P.O. Box NOT acceptable) Doral Fl 33172 City State Zip

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



(CONTINUED)

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ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | |
| MGR | Enrique Canton Armengol 10500 NW 26th St. Ste, A-101 Doral, Fl. 33172 |
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| (Use attachment if necessary) | |
| (If an effective date is listed, the date must | t be specific and cannot be more than five business days prior to or 90 days after |
| the date of filing.) Note: If the date inserted in this block due | is not meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Depart | |
| ARTICLE VI: Other provisions, if any. | |
| ······ | |
| | |
| | - I a N |
| <u>REOUIRED</u> SIGNATURE: | |
| | -7/1 |

Signature of a newber or an authorized representative of a member. This document is executed in a conductor with section 605.0203 (1) (b), Florida Statutes. 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.

Enrique Canton Armengol Typed or printed name of signee

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