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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: ARIMIRSERVICES@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. BIVA SOLUTIONS LLC

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To: 18506176381

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From: Armir Services Group LLC

Fax: 7864312508

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September 28, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARIMIR SERVICES GROUP LLC

SUBJECT: BIVA SOLUTIONS LLC
REF: W23000132899

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Genesis R Kersey
Regulatory Specialist II

FAX Aud. #: H23000337059
Letter Number: 723A00022475

TRANSMISSION VERIFICATION REPORT

TIME : 09/27/2023 11:22
NAME : ARIMIR^SERV
FAX : 3056435225
TEL : 7865223750
SER.# : 064969624209542

| | |
|--------------|-----------------|
| DATE, TIME | 09/27 11:20 |
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September 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AIRMIR SERVICES GROUP LLC

SUBJECT: BIVA SOLUTIONS LLC
REF: W23000131922

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From: Annir Services Group LLC

Fax: 7864312508

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September 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AIRMIR SERVICES GROUP LLC

SUBJECT: BIVA SOLUTIONS LLC
REF: W23000131922

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Summer Chatham
Regulatory Specialist III
Director's Office

FAX Aud. #: H23000337059
Letter Number: 023A00022339

H23 000 33 70593

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIVA SOLUTIONS 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:7855 NW 12TH STSTE 214DORAL, FL 33126Mailing Address:7855 NW 12TH STSTE 214DORAL, FL 33126

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:

ALEJANDRO FEMMINELLA

Name

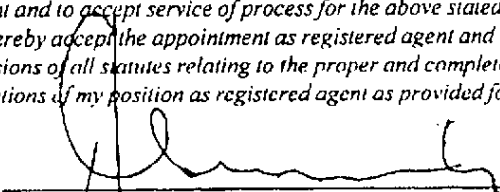
7855 NW 12TH ST, STE 214Florida street address (P.O. Box **NOT** acceptable)DORALFL33126

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 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)

(CONTINUED)

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CALL AMASSE 11001

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

ALEJANDRO FEMMINELLA
7855 NW 12TH ST, STE 214
DORAL, FL 33126

AMBR

JULIETA ANGELA FERRARI
7855 NW 12TH ST, STE 214
DORAL, FL 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:****Signature of a member or an authorized representative of a member.**

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ALEJANDRO FEMMINELLA

Typed or printed name of signee

H230003370593

TRANSMISSION VERIFICATION REPORT

TIME : 09/25/2023 16:24
NAME : ARIMIR^SERV
FAX : 3056435225
TEL : 7865223750
SER. # : U64969G2N209542

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FAX NO. /NAME 8506176381
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