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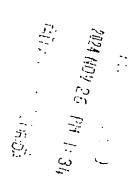
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(A	(ddress)	
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Special Instructions to Fi	ling Officer:	





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# CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab	ility Company is:			
ADDIUVA ENTE	RPRISES HOLDING US	SA LLC		
(Must co	ontain the words "Limited	Liability Company, "L.I	C.," or "LLC.")	
A DOTTION TO LIKE				
ARTICLE II - Address: The mailing address and street	taddress of the principal (	office of the Limited Lin	hility Company is:	
the maring address and street	address of the principal c	once of the Emired Dia	omy Company is.	
Princ	ipal Office Address:		Mailing Address:	
IIII BRICKELL	AVENUE,	1111 BF	RICKELL AVENUE,	
SUITE 1515		SUITE	1515	
MIAMI, FLORIDA	A 33131	MIAMI	FLORIDA 33131	
ABTICLE III B 11 14	. D 10.66	0 D 10 - 11 - 11	8.	
ARTICLE III - Registered A			Signature: must designate an individual or	
another business entity with a			mast acsignate an mention	
•	•			
The name and the Florida stree	et address of the registere	d agent are:		
	IOEL FRIEND ANI	D ASSOCIATES, INC.		
	1000 1 Million 1 Million	Name		
		PARK DRIVE, STE. 10		
	Florida street addres	ss (P.O. Box <u>NOT</u> accep	otable)	
	WESTON	FLORIDA	33331	
	City	State	Zip	
			ove stated limited liability company at gent and agree to act in this capacity.	
			gent and agree to act in this capacity. I complete performance of my duties, i	
am familiar with and accept the				
		114	•	
		hVL and		
		or trong	(BEOTHBED)	
	Regis	nered Agent's Signature	(REQUIRED)	

(CONTINUED)

#### 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	GUILLERMO H. TAMAYO
	11) 1 BRICKELL AVENUE, SUITE 1515 MIAMI, FLORIDA 33131
(Use attachment if necessary)	
ADTICLE M. Constitut days of asharahan a	L. J CCC LVGS/2074 (OPTION V.)
ARTICLE V: Effective date, if other than if (If an effective date is listed, the date must	the date of filing: 11/25/2024 (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	tment of State's records.
ARTICLE VI: Other provisions, if any.	
	10.
REQUIRED SIGNATURE:	114'
	by tranc
Signature o	of a member or an authorized representative of a member.
This document is	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
eonstitutes a third	ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
	EL FRIEND, 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)

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