L25000001409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2025 DEC -2 PM 2:47

2025 DEC 03 AM 8:29

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: $130.00
Authorization Signature

_VIVA Engi Vest USA LLC_____
Business #Document

Walk in ____ Will wait

2025 JAN -2 A 9:47

_____ **Certified Copies of the Articles of Organization**
__X__ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
__X__LLC
_____ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

____ Amendment
____Resignation of R.A.
____Change of Registered Agent
____Dissolution/Withdrawal
____ Conversion
___Statement of Authority
____Merger
___Amended and Restated Articles

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
____ Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication of a Foreign Corp.

_____ ____Other

EXAMINER'S INITIALS:_____

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_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VIVA EngiVest USA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLOR LOZANO DUGGER
Name of Person

2D CONSULTING ENTERPRISE LLC
Firm/Company

2750 TAYLOR AVE SUITE A-50 DOSO SUITES
Address

ORLANDO, FLORIDA 32806
City/State and Zip Code

2DCONSULTINGENTERPRISE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLOR LOZANO DUGGER at (904) 382-0889
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

■ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

VIVA EngiVest USA 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:**
6735 REVERIE PARK AVE	6735 REVERIE PARK AVE
ORLANDO FL. 32829	ORLANDO FL. 32829

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:

JAVIER E CONTRERAS CASTRO
Name

6735 REVERIE PARK AVE
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO	FLORIDA	32829
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..

Javier E Contreras Castro
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	OLGA L VIVAS 6735 REVERIE PARK AVE ORLANDO, FLORIDA 32829
MBR	JAVIER E CONTRERAS CASTRO 6735 REVERIE PARK AVE ORLANDO, FLORIDA 32829

(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. THE COMPANY IS ORGANIZED TO PROVIDE SERVICES IN CIVIL ENGINEERING (DESIGN Y CONSTRUCTION) MECHANIC AND ELECTRIC ENGENIERING;ALSO,PROYECT MANAGEMENT FINANCIAL ANALISYS OF INVESTMENT PROYECTS. RESEARCH AND DEVOLPMENT OF PROYECTS, AND CONSULTING SERVICES IN RELATED ACTIVITIES. ALSO, THE COMPANY WILL DO BUSINESS IN REAL PROPERTY INVESTMENT, RENTAL, MANAGEMENT PROPERTIES AND ALL ACTIVITIES RELATED TO THIS BUSINESS.

REQUIRED SIGNATURE:
Javier E Contreras Castro
_____
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.

JAVIER E CONTRERAS CASTRO
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)