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| · (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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| TO: Registration Se | ction | | | |
| Division of Cor | | | | |
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| SUBJECT: MYETUK | S FUTURE INVESTMENT | | | |
| | (Name of Limited | I Liability Company) | | |
| The enclosed Articles of | Organization and fee(s) are st | abmitted for filing. | | |
| Please return all correspondent | ondence concerning this matte | r to the following: | | |
| ITORO E | THE | | | |
| TOROE | | Name of Person) | | |
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| MVETUVE EUTUDE | : INIVESTMENTS 110 | | | |
| MYETOKS PUTURE | INVESTMENTS LLC | Firm/Company) | | |
| | , | ann company | | |
| | | | | |
| P O BOX 61 | 0307 | | <u>. </u> | |
| | | (Address) | | |
| | | | | |
| NORTH MIAMI, FL 33261-0307 | | | | |
| (City/State and Zip Code) | | | | |
| | | | | |
| For further information of | concerning this matter, please | call: | | |
| TODO ETUVO | | 054 E40 0550 | , | |
| ITORO ETUKS | of Person) | at (954) 548 - 9556 (Area Code & Daytime To | | |
| (Name | of Person) | (Area Code & Daytime 16 | elephone Number) | 03/ |
| Enclosed is a check fo | r the following amount: | | 04 NOA | SION CONTRACTOR |
| ☐ \$125.00 Filing Fee | Ø \$130.00 Filing Fee & | ☐ \$155.00 Filing Fee & | ☐ \$160.00 Filing Fee: | 5:- :- |
| - | Certificate of Status | Certified Copy | Certificate of Status & | |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) | 5. |
| | | | The state of the s | <u>. </u> |
| STRE | ET ADDRESS: | MAILING A | DDRESS: | ξ. |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability (| Company is: | |
|---|--|---------------------|
| MYETUKS FUTURE INVESTMENT LL | _C . | |
| ARTICLE II - Address: The mailing address and street addr | ress of the principal office of the Limited Lia | ability Company is: |
| Principal Office Address: | Mailing Address: | |
| 8320 SW 1ST STREET # 208 | P O BOX 610307 | |
| PEMBROKE PINES, FL 33025 | NORTH MIAMI, FL 33261 | |
| The name and the Florida street add | lress of the registered agent are: | |
| | Name | 9 |
| 8320 SW 1ST ST | FREET # 208 | OA NON |
| Florida street address (P.O. Box NOT acco | | 8 70 A |
| PEMBROKE PIN | ES FL | €** T |
| | City, State, and Zip | 2 1 |
| liability company at the place de | agent and to accept service of process for the c esignated in this certificate, I hereby accept the othis capacity. I further agree to comply with | e appointment as 🦟 |

Registered Agent's Signature

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 608, F.S..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Name and Address: |
|--------------------------|
| ITORO ETUKS |
| 8320 SW 1ST STREET # 208 |
| PEMBROKE PINES, FL 33025 |
| REGINA ETUK |
| 2033 NE LIBERTY |
| PORTLAND, OR 97211 |
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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ITORO ETUKS

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)