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Account Name : LAZARUS CORPORATE FILING SERVICE

Phone Fax Number : (305)552-5973 : (305)220-1.440

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FLORIDA/FOREIGN LIMITED LIABILITY CO. ADVANCE MANAGEMENT SOLUTION, LLC.

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

	•	Liability Company, "L.L.C.," or "LI		
ARTICLE II	- Address: Idress and street address of ti	be principal office of the Li	mited Liability Company is:	
			i	
Principal Off	ce Address:	Mailing Address:	1	
794 SW 40 ST.		5794 SW 40 ST.		
Init# 204		Unit# 204		
ilami, FL 33155		Miami, FL 33155	Agent's Signature:	
			一一一一	يام بالدين
The name and	the Florida street address of OLENIA MARTIN 5794 SW 40 ST.	lame	AM & 39 SEE FLORID	
		et address (P.O. Box NOT accep	otable)	
	MIAMI, FL 33155	· · · · ·	1	
		tate, and Zip		
liability co registered age statutes rela	named as registered agent and impany at the place designated int and agree to act in this capting to the proper and completed by the proper and completed by the proper and completed by the position as	d in this certificate, I hereby to pacity. I further agree to con te performance of my duties,	accept the appointment as nply with the provisions of all and Fam familiar with and	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

H10000014170

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	OLENIA MARTIN	:	
MOIX	5794 SW 40 ST, #204		
	MIAMI, FL 33156		
	MCMI, I L 33 133	 	
MGRM	ROBERT HASSAN	1	
Wig	5794 SW 40 ST. #204		
	MIAMI, FL 33155		
· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary)		72	201
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)		ive business day	
		!	
		1	
REQUIRED SIGNATURE:		LORIDA	7. IF
Signature of a member h	r an authorized representative of a me	mber.	•
(In accordance with section of this document constitute that the facts stated here	in 608.408(3), Florida Statutes, the execu- es an affirmation under the penalties of p in are true.)	tion ¢rjury -	
<u>OLen</u> Typed	or printed name of signee	! !	
Filing Fees:	-	1	
Allula Foods		1	

\$125.00 Filling 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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