

L15000194698
Division of Corporations Page 1 of 2

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
EXTI LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

ExtAI LLC

The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE I

NAME

The name of the Limited Liability Company shall be:

ExtAI LLC

ARTICLE II

PURPOSE

The company is organized for any legal and lawful purpose for which a Limited Liability Company may be organized pursuant to the act.

ARTICLE III

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

3697 NW 124th Avenue

Coral Springs, FL 33065

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Franklin Rivas
3697 NW 124th Avenue
Coral Springs, FL 33065

ARTICLE V

MEMBERS

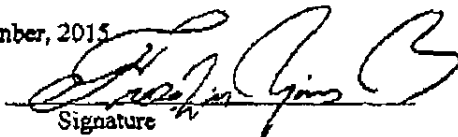
The Members of the Limited Liability Company shall be:

Managing Member: Frankling Rivas
Address: 3697 NW 124th Avenue.
Coral Springs, FL 33065

Managing Member: Cristalera Caura C.A.
Address: 3697 NW 124th Avenue
Coral Springs, FL 33065

The undersigned has executed these Articles of Organization this

19th day of November, 2015


Signature

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

SIGNATURE 
Franklin Rivas

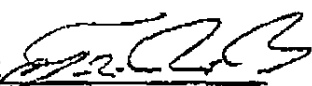
TITLE Managing Member

DATE 11/19/15

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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.

SIGNATURE 

DATE 11/19/15

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