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Florida Department of State  
Division of Corporations  
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APPROVED AND FILED

**FLORIDA LIMITED LIABILITY CO.  
ONECLICK ACCESSORIES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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OCT 12 2016  
A. DUNLAP

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**ARTICLES OF ORGANIZATION  
OF  
ONECLICK ACCESSORIES, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**

The name of the Limited Liability Company is:

**ONECLICK ACCESSORIES, LLC**

**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is 8475 NW 29<sup>th</sup> Street Miami, Florida 33122.

**ARTICLE III**

The name and the Florida Street address of the initial registered agent is:

**TAX MANAGEMENT SERVICES CORP  
1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172**

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

16 OCT 11 AM 9:55


7/11/16

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ARTICLE IV, V  
PROVISIONS

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 10th day of October 2016.

  
\_\_\_\_\_  
Signature of an authorized  
Representative of a member

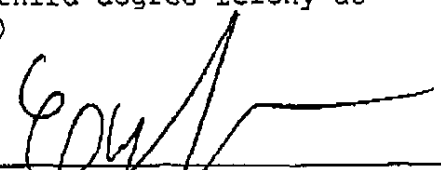
(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitute a third degree felony as provided for in Section 817.155, F.S.)

Arena J. Prado Acosta  
Printed name of signee

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitute a third degree felony as provided for in Section 817.155, F.S.)

  
\_\_\_\_\_  
Signature of Registered Agent  
Evelyn Chapovick  
Printed name of signee

STATE OF FLORIDA  
DEPARTMENT OF STATE  
16 OCT 11 AM 9:55

ATTACHED  
FILED

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