Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791

Fax Number : (877)503-6086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|--|--|--|
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FLORIDA LIMITED LIABILITY CO. KING EXPORT USA LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KING EXPORT USA LLC

(Must conatin 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:

1370 NW 5TH STREET APT 8 MIAMI, FL 33125 Mailing Address:

1370 NW 5TH STREET MIAMI, FL 33125

PEE FLORI

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:

JIMMY ZAMBRANO

Name

1370 NW 5TH STREET

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

33125

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.

(CONTINUED)

ed Agent's Signature (REQUIRED)

050 IS ...

| rom: Robert Fanjul . | Fax: 18775036086 | To: | Fax: (850) 617-6381 | Page: 3 of 3 | 12/12/2019 2:00 PM | | | | | |
|----------------------|---|-------------------|--|----------------------|---------------------------------------|--|--|--|--|--|
| | | | ·. | | | | | | | |
| | ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company: | | | | | | | | | |
| | Title: "AMBR" = Authorized | Member | Name and Address: | | | | | | | |
| | "MGR" - Manager | | | | | | | | | |
| | MGR | _ | DRILIANA ZAMORA 1370 NW 5TH STREET | <u> </u> | | | | | | |
| | | | MIAMI. FL 33125 | | | | | | | |
| | MGR | _ | JIMMY ZAMBRANO 1370 NW 5TH STREET APT 8 | | SECI | | | | | |
| • | | | MLAMI. FL 33125 | | | | | | | |
| | MGR | | JESUS REGNAULT 1370 NW 5TH STREET | | DEC 12 RETARY AHASSEI | | | | | |
| | | | MIAMI, FL 33125 | | | | | | | |
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| | (Use attachment if nece | ssary) | | | | | | | | |
| ARTIC | LE V: Effective date if o | ther than the da | tte of filing: | (OPTIONAL | ` | | | | | |
| (If an ef | Tective date is listed, the | date must be | specific and cannot be more than five b | usiness days prior t | -) o or 90 days after | | | | | |
| the date | of filing.) | | | | • | | | | | |
| | | | t meet the applicable statutory filing requ | uirements, this date | will not be listed as | | | | | |
| the docu | ocument's effective date on the Department of State's records. | | | | | | | | | |
| ARTICI | CLE VI: Other provisions, if any. | | | | | | | | | |
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| | REQUIRED SIGNAT | URE: | Λ | | | | | | | |
| | X | 70 | mond Lubrano | | | | | | | |
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| | | | nembér or an authorized representative outed in accordance with section 605,020 | | atutes. | | | | | |
| | I am aw | vare that any fa | lse information submitted in a document | to the Department o | | | | | | |
| | constitu | ites a third degi | ree felony as provided for in s.817.155, F | LS. | | | | | | |
| | | JIMMY ZAM | BRANO | | | | | | | |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)