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.

(((H220000551323)))



H220000551323ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 108 Distribution Miami LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: . The name of the Limited Liability | Company is: | | | |
|---|--|--|---|--------------------------|
| 108 Distribution N | Miami LLC | | | |
| | in the words "Limited Liz | ibility Company | "L.L.C" or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal offi | ce of the Limited | Liability Company is: | |
| Principa | l Office Address: | | Mailing Address: | |
| 7901 4th St N ST | E 300 | | 01 4th St N STE 300 | |
| St. Petersburg Fl | _33702 | | Petersburg FL 33702 | <u> </u> |
| another business entity with an action of the name and the Florida street a | ctive Florida registration. ddress of the registered a Registered Agents | gent are: | You must designate an individual or | |
| 7901 4th St N STE 300 | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| | St. Petersburg | FL | 33702 | |
| | City | State | Zip | |
| place designated in this certificate, further agree to comply with the pro | I hereby accept the appoint ovisions of all statutes rela | ntment as registe ting to the prope | e above stated limited liability compared agent and agree to act in this caper and complete performance of my disast provided for in Chapter 605, F.S | acity. I ities, and I |
| | Bell Have | ad Augustic Signa | ture (REOUIRED) | |

(CONTINUED)

2022 FEB 10 PH 1: 37

| | authorized to manage and control the Limited Liability Company: first name: Moulay El Mehdi | | |
|---|---|--|--|
| Title: "AMBR" = Authorized Member | Name and Address: | | |
| "MGR" = Manager | Moulay El Mehdi El Azri Ennassiri | | |
| AMBR | 7901 4th St N STE 300 St. Petersburg FI 33702 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | | |
| (If an effective date is listed, the date must be the date of filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as sent of State's records. | | |
| ARTICLE VI: Other provisions, if any. | | | |
| DECKUPED SIGNATURE. | | | |
| REQUIRED SIGNATURE: | | | |
| Signature of a This document is ex I am aware that any | a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. | | |
| · | 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)