

L22000461376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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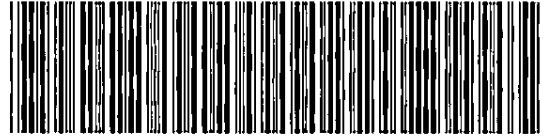
(Business Entity Name)

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OCT 28 2022

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/28/2022

Name: Merritt Walker

Reference #: 1816977

Entity Name: SALAS STRATEGY GROUP. LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: *mw*



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**ARTICLES OF ORGANIZATION  
OF  
SALAS STRATEGY GROUP, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Salas Strategy Group, LLC**

**ARTICLE II: - Address**

The street address of the principal office of the Limited Liability Company is:

**15850 SW 184<sup>th</sup> Street  
Miami, Florida 33187**

The mailing address of the Limited Liability Company is:

**15850 SW 184<sup>th</sup> Street  
Miami, Florida 33187**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Cogency Global Inc.  
115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301**

*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.*

Cogency Global Inc., Registered Agent

By: Merritt Walker  
Name: Merritt Walker  
Title: Asst. Secretary

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**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MBR	Monique Salas 15850 SW 184 <sup>th</sup> Street Miami, Florida 33187

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on October 28, 2022.

/s/ Monique Salas  
Monique Salas, as Sole 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 constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Monique Salas  
Typed or printed name of signee

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