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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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FLORIDA LIMITED LIABILITY CO. ABYSALGADO LLC

Certificate of Status	1
Certified Copy	0
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Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

Abysalgado LLC

ARTICLE II - Address:

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

11256 NW 78th St Medley, FL 33178

ARTICLE III - Registered Agent, Registered Office:

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

Gabriela Arias

10870 NW 88th Ter Unit 228 Doral, FL 33178

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Gabriela Arias - AMBR

ARTICLE V

Purpose: E-Commerce/ Retail Trade ...

Required Signatures:

	Jabrisla Arias
Signature of a member	or 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 constitutes a third degree felony as provided for in s.817.155, F.S.

Gabriela Arias	
Typed or printed name of signee	

Having been named as registered agent and to accept service of process for the above stated. I hereby accept 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 agen; as provided for in Chapter 605, F.S..

Gabrisla Arias
Registered Agent's Signature (REQUIRED)