

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305) 358-2571  
Fax Number : (305) 358-7832

**LIMITED LIABILITY COMPANY**

**SCINTILLATE, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name of Limited Liability Company:**

**SCINTILLATE, LLC.**

**ARTICLE II - Mailing Address & Street Address of Limited Liability Company:**

**Address: 2040 NORTHEAST 155<sup>TH</sup> STREET**

**City, State & Zip: NORTH MIAMI BEACH, FLORIDA 33162**

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

**KAKHA GVINEPADZE**

**Name**

**2040 NORTHEAST 155<sup>TH</sup> STREET**

**Address (P.O. Box NOT Acceptable)**

**NORTH MIAMI BEACH, FLORIDA 33162**

**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 608, F.S..*

*Gvinepadze*

**Registered Agent's Signature**

**Date 09/14/2000**

**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

*Gvinepadze*

**Signature of a member or an authorized representative of a member.**  
In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**Typed or printed name of signee**  
**KAKHA GVINEPADZE**

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**Prepared By: Ace Industries 54 NW 11<sup>th</sup> Street Miami, Florida 33136 (305) 358-2571**