2019 8 teolly wood BLUD. Hollywood, FL 33020 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication ☐ Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report ☐ Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name: The name of the Limited Liability Company is: SHAZZ UNLIMITED LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 2019 B HOLLWOOD BLOD, #04430000, FL,33020	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are	:
ELLARAN BROWNIC	
ZHARON BROWNE 2019 B Hollywood, BL	<u></u>
Florida street address (P.O. Box NOT acce	ptable)
Hollywood FL 33 City, State, and Zip	020
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. Registered Agent's Signature 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. ARTICL V - EFFECTIVE DATE: FEB. 15 T., 2001	
(An additional article must be added if an effective date is requested)	
they or	
Signature of a member or an authorized representation (In accordance with section 608.408(3), Florida Statute of this document constitutes an affirmation under the pethat the facts stated herein are true.) PARON P. BROWE Typed or printed name of signee	es, the execution enalties of perjury s of Organization ered Agent onal)