

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : WESLEY M. ROBINSON, PROFESSIONAL ASSOCIATION
Account Number : 075512003036
Phone : (305) 377-3352
Fax Number : (305) 377-1422

AL

LIMITED LIABILITY COMPANY

COMLAK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
COMLAK, LLC**

ARTICLE I- NAME

The name of this Limited Liability Company ("Company") shall be:

COMLAK, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Wesley M. Robinson, Esq., Howe, Robinson & Watkins, LLP, 501 Brickell Key Drive, Suite 504, Miami, Florida 33131.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the initial registered agent of the Company is:

Wesley M. Robinson, Esq.
501 Brickell Key Drive, Suite 504
Miami, FL 33131

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 obligation of my position as registered agent as provided for in Chapter 608, F. S.


Wesley M. Robinson, Esq.

ARTICLE IV - MANAGEMENT

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


Signature of a member or an authorized representative of a member.

Printed Name: Wesley M. Robinson, Esq.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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