

**L02000000697**

Florida Department of State  
Division of Corporations  
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To:

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

AL

From:

Account Name : INTERNATIONAL BUSINESS INCORPORATORS, INC.  
Account Number : I20010000092  
Phone : (305)595-0560  
Fax Number : (305)595-0560

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**LIMITED LIABILITY COMPANY**

**Optim Products LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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

**ARTICLE I - Name:** The name of the Limited Liability Company is OPTIM PRODUCTS, LLC.

**ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is 900 N.W. 10<sup>th</sup> Avenue, Fort Lauderdale, FL 33311.

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

The name and the Florida street address of the registered agent is Michael Brody, 900 N.W. 10<sup>th</sup> Avenue, Fort Lauderdale, FL 33311.

*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.*

  
Michael Brody, Registered Agent

**ARTICLE IV - Management:** The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
Michael Brody, Manager

(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.)

  
Marie Jorczak, Organizer

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