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Division of Corporations

L02000015164**Florida Department of State**

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To:

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Fax Number : (850) 205-0383

From:

Account Name : PAUL SMITH
Account Number : I20010000247
Phone : (305) 673-0347
Fax Number : (305) 532-0738

LIMITED LIABILITY COMPANY**ZAKARA, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ZAKARA, LLC**ARTICLE II ADDRESS**

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

1 SOUTH ORANGE AVE. SUITE 304**ORLANDO, FL 32801****ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

MARK NEJAME**1 SOUTH ORANGE AVE. SUITE 304****ORLANDO, FL 32801**

Having been named as registered agent 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

The Limited Liability Company is to be managed by one member or more members and is, therefore, member - managed company.

ARTICLE V MEMBERS (optional)

Managing Member :

JOSIE ARIZOLA**1 SOUTH ORANGE AVE. SUITE 304****ORLANDO, FL 32801**

Managing Member :

MARK NEJAME**1 SOUTH ORANGE AVE. SUITE 304****ORLANDO, FL 32801**

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MARK NEJAME

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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.

MARK NEJAME

Typed or printed name of signer

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