

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 : LUSKY & MOTOLA, ESQ.  
Account Number : 110331002052  
Phone : (305) 446-1245  
Fax Number : (305) 446-1205

APPROVED  
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**LIMITED LIABILITY COMPANY**

**Handys, LLC**

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

DIVISION OF CORPORATION

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

**ARTICLE I: Name** The name of the Limited Liability Company is:

Handys, LLC

**ARTICLE II Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

600 Brickell Avenue, Suite 206-S, Miami Beach, Florida 33130

**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

Bernardo Motola, Esquire

Lusky & Motola, P.A., 301 Almeria Avenue, Suite 345, Coral Gables, Florida 33134

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.

/s/ Bernardo Motola  
Registered Agent's Signature

**Article IV Management**

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

/s/ Oscar Pinella, Manager  
Signature of Member or Authorized Representative

(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.)

Oscar Pinella  
Typed or Printed Name of Signer

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