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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247

Phone : (305)674-3313

Fax Number

: (305)675-2811

## LIMITED LIABILITY COMPANY

M&M Lazzaro LLC

Certificate of Status	0
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CITY SHIPPERS

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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:

M&M Lazzaro LLC

ARTICLE II: Address

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

1143 HWY 17 S. RV 9 Satsuma, Florida 32189

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Mark Lazzaro

1143 HWY 17 S, RV 9

Satsuma, FL 32189

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 Ö 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.

Mark Lazzaro / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

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

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CITY SHIPPERS

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ARTICLE V: MEMBERS (optional)

MANAGING MEMBER Mark Lazzaro 1143 HWY 17 S. RV 9 Satsuma , FL 32189

MANAGING MEMBER Michelle Ackerman 1143 HWY 17 S. RV 9 Satsuma , FL 32189

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 Lazzaro

Typed or printed name of signee

SECRETARY OF STAFE

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