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Division of Corporations

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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 : (800)494-3124
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LIMITED LIABILITY COMPANY

Authentique Professional Services, 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:
Authentique Professional Services, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
9628 SW 146 PLACE
Miami, FL 33186

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Isabelle M. Castillo
2211 NW 170 Ave
Pembroke Pines, FL 33028

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..



ISABELLE M. CASTILLO Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Manager Company.

ARTICLE V MEMBERS (optional)

Managing Member:
Isabelle M. Castillo
9628 SW 146 PL
Miami, FL 33186

Managing Member:
Antoine Aznar
9628 SW 146 PL
Miami, FL 33186



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.

ISABELLE M. CASTILLO
Typed or printed name of signee

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