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A1A#CORPORATE SERVICES

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Division of Corporations

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Florida Department of State
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To:

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Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

Phone : (800) 494-3124

Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

METAMORPHOSIS 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:
METAMORPHOSIS LLC

ARTICLE II ADDRESS

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

9590 S.W. 40 Terrace

Miami Florida 33165

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Karel Curras

9590 S.W. 40 Terrace

Miami Florida 33165

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..


Karel Curras / Registered Agent's

ARTICLE IV MANAGEMENT

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

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ARTICLE V MANAGERS (optional)

MANAGER:

Karel Curras
9590 S.W. 40 Terrace
Miami Florida 33165

MANAGER:

Oviana Curras
9590 S.W. 40 Terrace
Miami Florida 33165



Signature of a member or an authorized representative of a
(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.

Karel Curras
Typed or printed name of signer

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