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TRANSMITTAL LETTER

	tion Section of Corporations			
SUBJECT:	INSOMNIA B	ひらいやらら Liability Company)	Solutions	LL
The enclosed Arti	icles of Organization and fee(s) are su	bmitted for filing.		
Please return all c	orrespondence concerning this matter	to the following:		
	ADRIAN F	Z PEKAREN ame of Person)	<u> </u>	
		,		
	(F	irm/Company)		
_3	81 E SheriD	AN ST AP	109	
-	DANIA, FI	33004 State and Zip Code)		
For further inform	nation concerning this matter, please c	eall:		
DIANA	PEKATEK (Name of Person)	at (786) 486 (Area Code & Daytime Te	2875 lephone Number)	
Epclosed is a ch	eck for the following amount:			
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Entry To
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	rporations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
INSOHNIA BUSINESS Solutions LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
381 E Sheridan St SAME
DANIA, FI 33004
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
ADRIAN R PEKATEK
381 E Sheridan St AP 4109 Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
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 a 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.
adment elevery
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member MGR	ADRIAN PEKARET BBI E SheriDAN ST AP\$ 109 DANIA FLASBOLL
Use attachment if necessary) NOTE: An additional article must	be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)