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To: Division of Corporations Fax Number : (850)205-0383 From:

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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ARTICLES OF ORGANIZATION

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Sam Cyd. LLC

ARTICLE 1 - NAME

The name of the Limited Liability Company is Sam Cyd. LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 12303 N.W. 52^{nd} . Court, Coral Springs, Florida 33076.

ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE

The name and the Florida street address of the Registered Agent are:

JOSEPH A. VECCHIO, JR., ESQ. JOSEPH A. VECCHIO, JR., P.A. ATTORNEY AT LAW SUITE I 3000 N. UNIVERSITY DRIVE CORAL SPRINGS, FLORIDA 33065

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 gs provided for in Chapter 608, F.S.

REGISTERED AGENT ECCHIO.IR.

ARTICLE IV

The names and address of each Manager or Managing Member is as follows:

MANAGING MEMBER

BRIAN VECCHIO 12303 N.W. 52ND. CT CORAL SPRINGS, FLORIDA 33076

CARRI VECCHIO 12303 N.W. 52ND. CT. CORAL SPRINGS, FLORIDA 33076

MEMBER

2019-4-18101

IN WITNESS WHEREOF, the undersigned subscribing member has executed these Articles of Organization this 23RD. day of MARCH 2006 and 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.

BRIAN VECCHIO, MANAGING MEMBER

STATE OF FLORIDA

COUNTY OF BROWARD

THE FOREGOING instrument was acknowledged before me this ______ day of MARCH 2006 by BRIAN VECCHIO ______ who is/are personally known to me or produced ______ as identification and who did take an oath.

NOTARY PUBLIC

MY COMMISSION EXPIRES:



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