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SECRETARY OF STATE
ALLAHASSEE, FI ORIGO

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: GeoA	nalytics, LLC		•	
	(Name of Limited	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Rodrigo S	Salgado		•	
	(1	Name of Person)	sec Tall	
	(Firm/Company)	AFE APR	- 1
18671 C	ollins Ave. Apt 1	003	-2 ARY C SSEE	
		(Address)	<u> </u>	O
Sunny Is	les Beach FL 3	3160	9: 50 STATE _ORID	_
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:	•	
Rodrigo Salga		at (305) 433-41		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
GeoAnalytics, LLC Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "L	LLC," or "L.C.	")
ARTICLE II - Address: The mailing address and street address of the pri		·	,
Principal Office Address:	Mailing Address:		
18671 Collins Ave. Unit 1003 Sunny Isles FL 33160	P.O. Box 802401 Aventura FL 33280-2401	SEC	l zden
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Age	nt SSigna ndi Musi or an	obther *
The name and the Florida street address of the re	egistered agent are:	STATE LORID	
Rodrigo Salgado Name		A .C)
18671 Collins Ave. Apt Florida street addr	1003 ress (P.O. Box <u>NOT</u> acceptable)		
Sunny Isles Beach City, State, ar	FL 33160 nd Zip		
Uning hear named as resistand asset and to a		47 t	

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature REQUIRED

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Rodrigo Salgado			
	18671 Collins Ave. Apt 1003		_	
	Sunny Isles Beach FL 3316	0		
MGRM	Monica Prezzi			
	18671 Collins Ave. Apt 1003		_	
	Sunny Isles Beach FL 33160	<u></u> ₹ ,		
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(Use attachment if necessary)				
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	e date of filing: ee specific and cannot be more tha	n five	. (OPTI busines	ONA s day
REQUIRED SIGNATURE:				
$\mathcal{Q}_{\alpha \beta l}$	la la la			

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)

RODRIGO SALGADO

Typed or printed name of signee