

Florida Department of State

Division of Corporations Public Access System

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CN PROJECTS, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Namo:

The name of the Limited Liability Company is:

CN Projects, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," o "L.C.,")

ARTICI E II - Address:

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

Principal Office Address:

14 NE 1¹⁴ Ave #1203 Miami, Plorida 33132 Mailing Address:

14 NE 1" Ave #12035 Miami, Florida 33132

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ARTICIE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Lir ited Liability Company cannot serve as its own Registered Agent. You must designate an indiv dual or another business entity with an active Florida registration.)

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

Elizabeth Cardona Name

14 NE 1st Ave #1203
Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33132 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 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 Signature (REQUIRED)

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Title: "MGR" – Janager "MGRM" = Managing Member		Name and Address:
MGRM		Elizabeth Cardona 14 NE 1" Ave #1203 Migmi, Florida 33132
MGRM		Cristina Canton 14 NE 1" Ave #1203 Miami, Florida 33132
MGRM		Nicholas Nedev 14 NE 1" Ave #1203 Miami, Fiorida 35132
MGRM		Peter I Nedey A 1203 14 NE 1" Ave #1203 Miarol, Florida 73132
(Use att chment if necessary)		A 10:
ARTIC LE V: Effective date, if oth (If an e fective date is listed, the d days prior to or 90 days after the	ate must be specific and	cannot be more than five business
REQU BED SIGNATURE:		

Elizabeth Cardona
Typed or printed name of signee

Signature of a member of 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.)