

Florida Department of State

Division of Corporations
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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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1 of 1

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ARTICLES OF ORGANIZATION OF MALU'S COMPANY LLC A Florida Limited Liability Company

ARTICLE I-NAME

The name of the Limited Liability Company is:

MALU'S COMPANY LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

7655 NW 113^{TE} PATH MIAML FLA. 33178.

7655 NW 113TH PATH MIAMI, FLA. 33178.

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENTS SIGNATURE: The name and the Florida street address of the registered agent are:

MARIA V. DECRESCENZO

7655 NW 113TH PATH FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33178

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SURVICE OF PROCESS 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 FURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE 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.

REDISTERED AGENT SIGNATURE

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DIVISION OF COL
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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

ARTICLE IV-MANAGEMENT/MEMBER(S):

SIGNATURE OF A MEMBER OF AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(in accordance with section 608.408(3), Floride Statutes, the execution of this document Constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA V. DECRESCENZO
Typed or printed hame of signed

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