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From: Account Name : BERRIZ & GIRALDO P.A.  
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Phone : (305)485-9300  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**FRAGRANCE'S ROSES, LLC.**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**OF**

**FRAGRANCE'S ROSES, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**FRAGRANCE'S ROSES, LLC.**

**ARTICLE II - ADDRESS**

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

**17560 ATLANTIC BLVD # 501  
SUNNY ISLES, FL. 33160**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**JOSE OLLAGUE**

**17560 ATLANTIC BLVD # 501**

Florida street address ( P.O.BOX NOT acceptable)

**SUNNY ISLES, FL. 33160**

City, State, and Zip

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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..

*Jose Ollague*

**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JOSE OLLAGUE**  
17560 ATLANTIC BLVD # 501  
SUNNY ISLES, FL. 33160

**MANAGER**

**MERCEDES AVILA**  
17560 ATLANTIC BLVD # 501  
SUNNY ISLES, FL. 33160

**MANAGER**

**CARLOS NATH**  
17560 ATLANTIC BLVD # 501  
SUNNY ISLES, FL. 33160

**MANAGER**

**FELIPE PENA**  
17560 ATLANTIC BLVD # 501  
SUNNY ISLES, FL. 33160

**MANAGER**

(An additional article must be added if an effective date is requested)

*Jose Ollague*

**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.)

**JOSE OLLAGUE**

Typed or printed name of signee

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