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Requestor's Name

Address

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TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

OUR POWER TOOLS, LLC



Empire Toll Free: 1-800-432-3028

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

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Acknowledgment

W.P. Verifier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OUR POWER TOOLS, LLC

ARTICLE II - Address:

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

13704 NW 12 CT
Pembroke PINES, FL, 33028

ARTICLE III - Registered Agent and Registered Office:

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

YORAM GOZLAN
Name

13704 NW 12 CT
Florida street address (P.O. Box **NOT** acceptable)

Pembroke PINES FL 33028
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's Signature

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

/s/ YORAM GOZLAN
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.)

Typed or printed name of signee

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