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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MICHA ACCESORIES, LLC.

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I NAME : Micha Accesories , LLC.

The Name of the Limited Liability Company is :

Micha Accesories , LLC.

ARTICLE II ADDRESS :

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

**401 Bermuda Springs Drive
Weston , Florida 33140**

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**ARTICLE III : REGISTERED AGENT , REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE : Juan C. Olivares**

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

Name Registered Agent

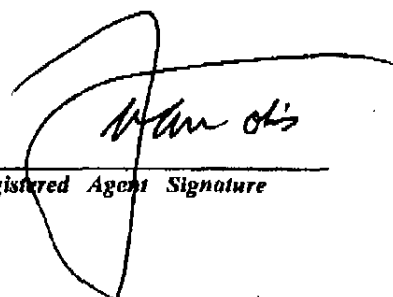
Juan C. Olivares

**401 Bermuda Springs Drive
Weston , Florida 33326**

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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 as provide for in chapter 608, F. S. .


Registered Agent Signature**ARTICLE IV : MANAGEMENT (CHECK BOX IF APPLICABLE)**

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

MEMBER - MANAGER Juan C. Olivares

(AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED)


Signature of 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.

Juan C. Olivares

Type or printer name of signee

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