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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.

mr somebody & mr nobody, llc

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ARTICLES OF ORGANIZATION FOR MR SOMEBODY & MR NOBODY, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: Mr Somebody & Mr Nobody, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5741 SW 84 Street, Miami, Florida 33143.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.


Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Sharon Lombard-Miller
5741 SW 84 Street

Samuel Spencer Blum

ATTORNEY AT LAW

H11000014272

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 484-1885 TELEFAX: (305) 884-3314
E-MAIL: sblum@samblum.com

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Miami, Florida 33143

Sharon Lombard-Miller

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.)

SHARON LOMBARD-MILLER

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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TALLAHASSEE, FLORIDA

Samuel Spencer Blum

H11000014272

ATTORNEY AT LAW

2888 TIGERTAIL AVENUE, SUITE 108 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1888 TELEFAX: (305) 854-3314
E-MAIL: ssm@ssblum.com