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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

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FLORIDA LIMITED LIABILITY CO. MIAMI CONCEPT SOLUTIONS LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Miam;	CONCEPT	SOLUTIONS	LLC	
	(Must end with the words "	Limited Liability Company, "L.	L.C.," or "LLC.")	

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

139 SW 113 AVE 4103	133 SW 113 AVE \$103
MIAMI FL 33174	Miam; 72 33174

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CRISTIAN	A.	BARAHONA
	Nam	ie
130 SW 11	3 AVE	# 103
		ddress (P.O. Box NOT acceptable)
Miami		FL 33174
	City, S	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 (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGRM	Cristian A. Barahona 133 Sw 113 ave # 103 Miami FL 33174
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than th	e date of filing:(OPTIONAL)
	be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	•
<u>REQUIRED</u> SIGNATURE:	
4	- ton-
	4
Signature of a memi	perfor an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true. Trimation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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