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CLARA GIRALDO P.A

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Division of Corporations

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

From: Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
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**FLORIDA LIMITED LIABILITY CO.
DYNAMICS AMUSEMENTS, LLC.**

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

DYNAMICS AMUSEMENTS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

DYNAMICS AMUSEMENTS, LLC.

ARTICLE II - ADDRESS

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

**3101 SW 154 CT
MIAMI, FL. 33185**

The mailing address shall be:

**3101 SW 154 CT
MIAMI, FL. 33185**

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

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

SLAVKO GRIJAK

3101 SW 154 CT

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

MIAMI, FL. 33185

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..


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.

SLAVKO GRIJAK
3101 SW 154 CT
MIAMI, FL. 33185

MANAGER

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


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.)

SLAVKO GRIJAK

Typed or printed name of signee

SECRETARY OF STATE
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