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FLORIDA LIMITED LIABILITY CO. **HUKKA 2 GO LLC**

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D. BRUCE

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	- • •	
ARTICLES OF ORGA	NIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited	Liability Company is:	
Hukka (Must end	2 Go LCC with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	street address of the principal office of the Limited Liability Company is:	
Principal Office Addre	ss: Mailing Address:	
1951 NW 7 Suite 160/120 Miami, FL 331	Ave. SAME	
(The Limited Liability Company business entity with an active F		
The name and the Florid	a street address of the registered agent are:	
<u>Kil</u>	nkuro Broden	
	Name	٠.
19	51 NW 7th Ave Suite 160/120	*
	Florida street address (P.O. Box NOT acceptable)	
W	iami, FL 33136	
	City, State, and Zip	
	registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as	
registered agent and ag	ree to act in this capacity. I further agree to comply with the provisions of all	
	proper and complete performance of my duties, and I am familiar with and	
accept the obligation	ns 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) of the name and address of each	or Managing Member(s): h Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address: KINKUVG Broden 1954 NW 7th Ave. Svite 160/120 Miamy FL 33136	
(Use attachment if necessary)	£,
RTICLE V: Effective date, if other fan effective date is listed, the date or 90 days after the date of filing.	than the date of filing:e must be specific and cannot be more than five	(OPTIONAL) business days prior
REQUIRED SIGNATURE	:: V	
Signature of	f a member or an authorized representative of a memb	per. \$ 500 mm
constitutes an affirm I am aware that any constitutes a third de	section 608.408(3), Florida Statutes, the execution of this ration under the penalties of perjury that the facts stated he false information submitted in a document to the Departmeter felony as provided for in s.817.155, F.S.) A KUID Broden Typed or printed name of signee	rein are mue.
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