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(shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

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: (305) 552-5973

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Email Address:

FLORIDA LIMITED LIABILITY CO. REGLABAY LLC

Certificate of Status	1
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2014 JAN 10 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AM 8: 50

ARTICLE I - Name: The name of the Limited Liability Company is: SEURE TARY OF STATE ALLAHASSEE FLORIBA

ReglaBay LLC

(Must end 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 Address:

Mailing Address:

12140 SW 202 St apt #3220 MIAMI, FL 33177

12140 SW 2025+ APT # 3220 MIAMI, FL 33177

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:

ALejandro

Aguillera

Name

202 apt +13220

Florida street address (P.O. Box NOT acceptable

Mann

F 5317-7

City

Zi

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 amfamiliar with and accept the obligations of my position as registered agent as provided for the Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H1480000 7424

H14000007424

ARTICLE IV-	1
	manage and control the Limited Liability Company:
	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Alejandro Aquileral
MGR	Alejandro Aguilera 12140 Sw 202 Stapt 32
•	
'	MIGMI FL 33177

(Use attachment if necessary)	
,	
CLE V: Effective date, if other than the date of filing:	(OPTIONAL)
e of filing.)	
CLE VI: Other provisions, if any.	
	
The state of the s	
REQUIRED SIGNATURE:	
alyandow	
Signature of a member or	an authorized representative of a member.
Signature of a member or (in accordance with section 605.0203	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
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