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## FLORIDA LIMITED LIABILITY CO. ZAPATA INTERIOR SOURCING, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
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|   | H 1 4 0 0 9 0 5 0 2 5 3  |
|---|--|
|   | ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY   |
|   | ARTICLE I - Name: The name of the Limited Liability Company is:  |
| ¥ | Zapata Interior Sourcing LLC (Must end with the words "Limited Liability Company," LL.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:   |
|   | 1252 willow Dr 1252 willow Dr. Weston, FL 33326 weston, FL 33326   |
|   | 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:   |
|   | Marisol Zapata   |
|   | Plorida street address (P.O. Box NOT acceptable)   |
|   | Weston PL 33376 City Zip   |
| , | Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 standes 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 605, F.S. |

(CONTINUED)

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## H14000656553

| Title: AMBR* = Authorized Member *MGR* = Manager  | Nume and Address:   |              |
|---|---|--------------|
| Momager   | Marisol Zapata<br>1252 un 160 Dr<br>Weston, Fl 33376  |              |
| Use attachment if necessary)  |   |              |
| EV: Effective date, if other than the da<br>ctive date is listed, the date must be  |   |              |
|   | specific and extend be more than five business days p   |              |
| ctive date is listed, the date must be if filing.) EVI: Other provisions, if any.   | specific and extend be more than five business days p   |              |
| ctive date is listed, the date must be if filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a secondance with section constitutes an affirmation I am aware that any false.                           | member or an authorized representative of a member of some authorized representative of a member of 50000 (1) (b), Florida Stantes, the execution of the information submitted in a document to the Department follows as provided for in \$,817.155, F.S.)   | rior to or 9 |
| ctive date is listed, the date must be if filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a selection of the second constitutes an affirmation I am aware that any false constitutes a third degree | member or an authorized representative of a member of the product of the product of the penalties of perjury that the facts stated here information submitted in a document to the Department follows as provided for in \$817.155, F.S.)  Typed or printed name of sames   | rior to or 9 |
| ctive date is listed, the date must be if filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a selection of the second constitutes an affirmation I am aware that any false constitutes a third degree | member or an authorized representative of a member of a member of an authorized representative of a member of 505.0203 (1) (b), Florida Statutes, the execution of the adject the penalties of perjury that the facts stated here information submitted in a document to the Department follows as provided for in \$817.155, F.S.)  Typed or printed name of states.  Filing Fees:  Typedanization and Designation of Registered Agent | rior to or 9 |

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