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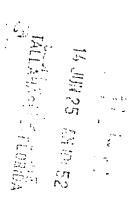
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Section Division of Corporations
CUBIE	MYNF Strategic Advisors, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Andres Otero
	Name of Person
	MYNF Strategic Advisors, LLC
	Firm/Company
	3470 E Coast Ave Apt 1905
	Address CL CO407
	Miami, FL 33137
	City/State and Zip Code agoterol@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Andres Otero (305 \ 8049303
	Name of Person Area Code Daytime Telephone Number
7	d is a check for the following amount: Filing Fee \$\bigset\$ \$130.00 Filing Fee & Certificate of Status \$\bigset\$ (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:						
N	YNF Strate	gic Advisor	s, LLC				
	d with the words "				or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the pri	ncipal office of th	e Limited	ł Liability C	Company is:		
Principal Office Address:		Mailing Addre	<u>:ss:</u>				
3470 E Coast Ave	Apt 1905		3470	E Coast Ave	Apt 1905		
Miami, FL 33	137		N	liami, FL 33	137		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as n active Florida re	its own Registere gistration.)	d Agent.			ndividua	il or
	Αı	ndres Otero					
		Name					
	3470 E C	Coast Ave Ap	1905				
Florid	la street address (I	P.O. Box NOT ac	ceptable)				
	Miami	FL		137			
	City		Zi	p			
Having been named as registe the place designated in this capacity. I further agree to of my duties, and I am fami	s certificate, I here comply with the pro	by accept the appo ovisions of all stat	ointment of utes relate of my pos	ns registered ing to the pr	l agent and at oper and con	gree to a aplete pe	ct in this rformance
	Registered Agent	a's Signature (REC	CC QUIRED)	<u>)</u>		F	17
	(CO	NTINUED)				3.7	
]	Page 1 of 2					S1

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Andres Otero
	3470 E Coast Ave Apt 1905
	Miami, FL 33137
AMBR	
· · · · · · · · · · · · · · · · · · ·	
AMBR	
······································	
ective date is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of file	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any.	ing: (OPTIONAL) and cannot be more than five business days prior to or 94
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 96
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0	r or an authorized representative of a member.
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under the section of the se	r or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information.	r or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State
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E V: Effective date, if other than the date of filective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	r or an authorized representative of a member. 20203 (1) (b), Florida Statutes, the execution of this document that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Andres Olero
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