

# L14000156953

Florida Department of State  
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Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (786) 409-5946

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
SENSE OF SELF USA, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

EFFECTIVE DATE

10/1/14

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

Date: September 24, 2014

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**SENSE OF SELF USA, LLC**

**ARTICLE II - ADDRESS:**

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

2244 NE 123 STREET  
NORTH MIAMI, FL 33161

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

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

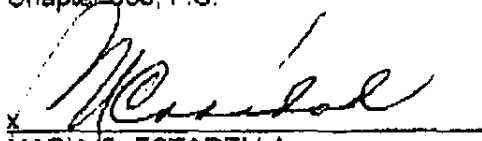
MARIA C. ESTARELLA  
Name

2244 NE 123 STREET  
Florida Street Address

NORTH MIAMI, FL 33161  
City, State, and Zip

-continued-

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 605, F.S.



MARIA C. ESTARELLA  
Registered Agent's Signature

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple member LLC and is therefore a MULTIPLE MEMBER LLC company. The name and address of each person authorized to manage and control the Limited Liability Company are:

| <u>Title:</u>     | <u>Name and Address:</u>  |
|-------------------|---|
| Authorized Member | TAMARA LITVINENKO<br>2244 NE 123 STREET<br>NORTH MIAMI, FL 33161  |
| Authorized Member | MARIA C. ESTARELLA<br>2244 NE 123 STREET<br>NORTH MIAMI, FL 33161 |

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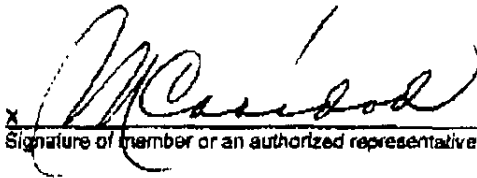
#### ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

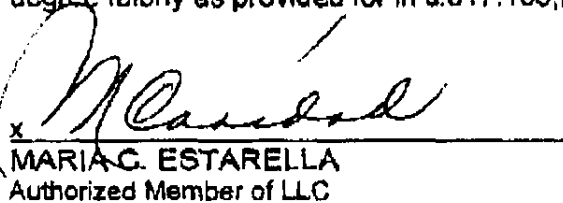
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**ARTICLE VI - EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: OCTOBER 1<sup>st</sup>, 2014.

x   
Signature of member or an authorized representative of a member

In accordance with section 605.0203 (1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x   
MARIAC. ESTARELLA  
Authorized Member of LLC

September 24, 2014

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