Florida Department of State sion of conocrations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

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Emasi	Address:				
Luialt	AUGI COO.			_	

FLORIDA LIMITED LIABILITY CO. NAPS INVESTMENT GROUP LLC

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$130.00

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08/08/2032 01:14

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#3708 P. 001/003

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (bust end with the words Limited Liability Company,

NARS INVESTMENT GROW? LLC

ARTICLE II - Address:

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

SW 125th STREET SiTE 211 14335 Miami FL 33186

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

GENERAL CONSULTING SERVICES GAMES CORP. 14335 SW 120TH STREET SUITE 211

Minor Fi 33186

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

MGRTI Nicola PERLINZ

M62 Blace Cecilia

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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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 \$.817.155, F.S.

Nicola Yerlowe.

Typed or printed name of signee

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 bereby 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 objections of my position as registered agent as provided for in/Chapter 605; F.S.

Registered Agent's Signature (REQUIRED)

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