

#1/04/2033 05:06 #782 P.001/003
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Florida Department of State
Division of Corporations
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EFFECTIVE DATE
2-20-2015

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

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
WICKED KULTURE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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EFFECTIVE DATE
2-20-2015

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WICKED KULTURE, LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

19963 SW 129TH CT
Miami, FL 33177

Mailing Address:

19963 SW 129TH CT
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:

CELIA MARGARITA MANTECON

Name

19963 SW 129TH CT

Florida Street address (P.O. Box NOT acceptable)

Miami, FL 33177

City, State, and Zip

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 the 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 608, F.S..

X

Registered Agent's Signature (REQUIRED)

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

CELIA MARGARITA MANTECON 19963 SW 129TH CT MIAMI FL 33177

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Friday, February 20, 2015. (OPTIONAL)

(If an effective dates is listed, the date must be specific and cannot be more than five business day prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X

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

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CELIA MARGARITA MANTECON

Typed or printed name of signee

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this Friday, February 20, 2015, **CELIA MARGARITA MANTECON** the Member, who produced a Chilean passport no. and who did take an oath.

Gustavo Rodríguez, Notary Public
State of Florida at Large

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