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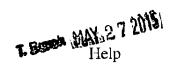
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## FLORIDA LIMITED LIABILITY CO. SYD SELLS LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	d Liability Company is:				<b>2</b>	<b>بر</b> آگ	
	SYD	SELLS LLC				779	LHITT:
(M	fust end with the words	"Limited Liability	Company, "L.L.C.	" or "LLC.")	75 T	26	مست. 1940ع م
ARTICLE II - Address The mailing address and	a: d street address of the pr	incipal office of th	e Limited Liability	Company is:	SEE. FL	- P	ار او او ادستهور ادستهور
Principal Office Addre	ess:	Mailing Addro	<u> </u>		95	:J	й. и
107 Villa Circle		107 \	/illa Circle		장	ීර	
Atlantis, FL 33462		Atlan	tis, FL 33462				
(The Limited Liability Canother business entity	with an active Florida re	s its own Registere egistration.)	d Agent. You must		individ	ial or	
(The Limited Liability Canother business entity  The name and the Florid	Company cannot serve as with an active Florida re da street address of the re	s its own Registere egistration.)	d Agent. You must		individ	ial or	
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Registered Agent's Signature (REQUIRED)
Sid Silverman

(CONTINUED)

Page 1 of 2

H15000126296

<u>Title:</u>	Name and Address:				
"AMBR" = Authorized Member					
"MGR" = Manager AMBR	Sid Silverman	Sid Silverman			
	107 Villa Circle				
	Atlantis, FL 33462	هيد ۽ جز			
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(Use attachment if necessary)					
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LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)					
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with sec constitutes an affirmati I am aware that any fal	a member or an authorized representative of a tion 605.0203 (1) (b), Florida Statutes, the execution under the penalties of perjury that the facts statutes information submitted in a document to the Dep	member. on of this document ed herein are true.			
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with sec constitutes an affirmati I am aware that any fal	a member or an authorized representative of a tion 605.0203 (1) (b), Florida Statutes, the facts status information submitted in a document to the Deprese felony as provided for in s.817.155, F.S.)	member. on of this document ed herein are true.			
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (in accordance with sec constitutes an affirmati I am aware that any fal	a member or an authorized representative of a tion 605.0203 (1) (b), Florida Statutes, the execution under the penalties of perjury that the facts statutes information submitted in a document to the Dep	member. on of this document ed herein are true.			

Page 2 of 2