

#6582 P.001/003

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. 3: 44

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

moon shadow Graphics LLC

ARTICLE II - Address:

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

8990 SW 24ST APT 19 miami FL 33165

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liebülity Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Juancarlos Perez 8990 SW 24 ST Apt 19 MIOMI FL 33165

ARTICLE IV-

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

Juancarlos Perez (AMBR)

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#6582 P.003/003 H15000200529 **Required Signatures:** Signature of a member or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Horida 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. 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 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.. stered Agent's Signature (REQUIRED) Q 51 Hd