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COVER LETTER

TO:		tration Section on of Corporations
SHRII	ECT: _	Edone Global Business LLC
50001		Name of Limited Liability Company
The en	iclosed A	articles of Organization and fee(s) are submitted for filing.
Please	return al	l correspondence concerning this matter to the following:
		Ricardo J Sanchez
	_	Name of Person
		Firm/Company
		18851 NE 29th Avenue Suite 700 Address
		Aventura, FL 33180
		City/State and Zip Code
		ricardojavier517@gmail.com
		E-mail address: (to be used for future annual report notification)
For furth	ner infori	nation concerning this matter, please call:
		Ricardo J Sanchez 786 329-5447
	·	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a cl	neck for the following amount:
\$125.0	00 Filing	Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
		Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·	al Business LLC	
(Must end with the words "Limited Liah	bility Company, "L.L.C.," or "LLC.")	r.
ARTICLE II - Address:		
The mailing address and street address of the principal office	of the Limited Liability Company is:	17.72mm
Principal Office Address:	Mailing Address:	Ε,
18851 NE 29th Avenue	18851 NE 29th Avenue	
Suite 700	Suite 700	~~
Aventura, FL 33180	Aventura, FL 33180	
AKTICLE III - Kegistered Agent. Registered Office. & Ro	egisteren Agent's Signature:	
ARTICLE III - Registered Agent, Registered Office, & Ro (The Limited Liability Company cannot serve as its own Registration business entity with an active Florida registration.) The name and the Florida street address of the registered agent REGISTERED A	istered Agent. You must designate an individual or nt are:	
(The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.) The name and the Florida street address of the registered agent	istered Agent. You must designate an individual or nt are:	
(The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.) The name and the Florida street address of the registered age: REGISTERED A	istered Agent. You must designate an individual or nt are: AGENTS INC. me Point Dr., STE 150A	

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..

State

City

Bill Havre/Secretary/Registered Agents Inc.

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	D: 1.0 4
MGR	Ricardo J. Sanchez
	18851 NE 29th Avenue Suite 700
	Aventura, FL 33180
	7
	, i. i.
	$\mathcal{Q}_{i,*}$
	-
V: Effective date, if other than the tive date is listed, the date must filing.)	e date of filing:
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ARTICLE IV-

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