

L150000194698

Division of Corporations

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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
EXTI LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

ExtAI LLC

The undersigned member, for the purpose of forming a Limited Liability Company under the Laws of the State of Florida, hereby adopts the following Articles of Organization:

ARTICLE I

NAME

The name of the Limited Liability Company shall be:

ExtAI LLC

ARTICLE II

PURPOSE

The company is organized for any legal and lawful purpose for which a Limited Liability Company may be organized pursuant to the act.

ARTICLE III

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:

3697 NW 124th Avenue

Coral Springs, FL 33065

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial agent is:

Franklin Rivas
3697 NW 124th Avenue
Coral Springs, FL 33065

ARTICLE V

MEMBERS

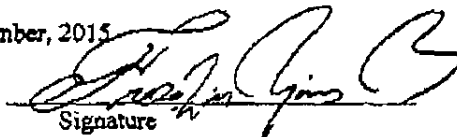
The Members of the Limited Liability Company shall be:

Managing Member: Frankling Rivas
Address: 3697 NW 124th Avenue.
Coral Springs, FL 33065

Managing Member: Crisalaria Caura C.A.
Address: 3697 NW 124th Avenue
Coral Springs, FL 33065

The undersigned has executed these Articles of Organization this

19th day of November, 2015


Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*In accordance with section 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true..*

SIGNATURE 
Franklin Rivas

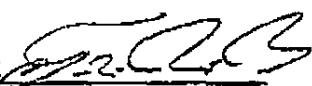
TITLE Managing Member

DATE 11/19/15

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE
DESIGNATED IN THESE ARTICLES OF ORGANIZATION, 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.

SIGNATURE 

DATE 11/19/15

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