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CLARA GIRALDO P.A.

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
ATZ FURNITURE AND DECORATION,LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

MD 1/8

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

ATZ FURNITURE AND DECORATION,LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

ATZ FURNITURE AND DECORATION,LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**9310 SW 19 ST
MIAMI,FL 33165**

The mailing address shall be:

**9310 SW 19 ST
MIAMI,FL 33165**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

ORFELINA NOY

**9310 SW 19 ST
Florida street address (P.O.BOX NOT acceptable)
MIAMI FL 33165
City, State, and Zip**

Having been named as registered agent and to accept service of process for the above

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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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..


REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ORFELINA NOY
9310 SW 19 ST
MIAMI, FL 33165

MANAGER

SENAIDA WAWOE
9310 SW 19 ST
MIAMI, FL 33165

MANAGER


(An additional article must be added if an effective date is requested)

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true

ORFELINA NOY

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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