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Division of Corporations

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Account Number : 120000000019 Phone

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: he hame of the Limited Liability Company is: (Must and with the words "Limited Company")	ed Liability Comp
Analytical beat LLC.	
RTICLE II - Address: he mailing address and street address of the principal office of the Li	imited Liabi
ompany is: . 250 N.E. 25th Street, Apt 19	103
Miami, FL 33137	<u> </u>
RTICLE III - Registered Agent, Registered Office: he name and the Florida street address of the registered agent are: (mpany cannot serve as its own Registered Agent. You must designate an individual or at th an active Florida registration.)	The Limited Lic nother business
Ana Maria Ruiz	
250 N.E. 25th Street, Apt 19	03
Miami, F1 33137	
RTICLE IV- he name and title of each person authorized to manage and control tability Company:	the Limited
Ana Maria Ruiz, AMBR	· .
	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·

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Required Signatures:

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. 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.

Ana Maria Kuiz

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 duttes, 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 (REQUIRED)