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(Би	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

10.	Division of Corporations		
CUDIE	OLIMA LLC		
SUBJE		f Limited Liability Company	
The enc	osed Articles of Organization and fee(s	s) are submitted for filing.	
Please re	eturn all correspondence concerning thi	is matter to the following:	
	OMAR ANTONIO ZAMBRANO		
		Name of Person	
	OLIMA LLC		
		Firm/Company	-
	1316 NW 78TH AVE		
		Address	
	MIAMI, FL 33126		
	OZAMBRANO@PRIMEAIRCARO	City/State and Zip Code	,
		used for future annual report notification)	-
For furthe	r information concerning this matter, pl	lease call:	
	OMAR ZAMBRANO	786 2538313	
	Name of Person	Area Code Daytime Telephone Number	
Fnclosed	l is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certificate of Status & (additional copy is enclosed) Certificate Copy (additional copy is enclo	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability Company is: OLIMA LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

P.O. BOX 526764

MIAMI, FL 33152

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

1316 NW 78TH AVE

MIAMI FL 33126

OMAR ANTONIO	ZAMBRANO	
	Name	
1316 NW 78TH AV	'E	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
MIAMI	FL	33126
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

5.00 Certificate of Status (Optional) Page 2 of 2		uthorized Member	Name and Address:
Is attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) vie date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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. OMAR ANTONIO ZAMBRANO Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 3.0.00 Certified Copy (Optional) Page 2 of 2	D.	·	OMAR ZAMBRANO
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