

Division of Corporations

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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 : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gn@abogadomiami.com

FLORIDA LIMITED LIABILITY CO.
10 DESIGN LAB, LLC

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J. FASON
SEP 27 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **10 DESIGN LAB, LLC**

ARTICLE II- Address:

The mailing address of the Limited Liability Company is: **1845 NW 112TH AVENUE, SUITE # 201, MIAMI, FLORIDA 33172**

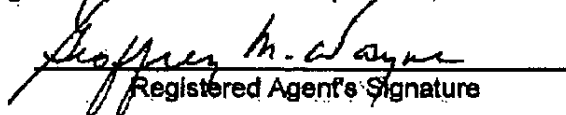
The street address of the principal office of the Limited Liability Company is: **1845 NW 112TH AVENUE, SUITE # 201, MIAMI, FLORIDA 33172**

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

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

**Geoffrey M. Wayne
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146**

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

ARTICLE IV – Management

The name and address of each person authorized to manage and control the Limited Liability Company:

AMBR

**HUGO A. BIONDO
1845 NW 112TH AVENUE
SUITE # 201
MIAMI, FLORIDA 33172**

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MIAMI, FLORIDA

ARTICLE V – Effective date, if other than the date of filing: _____

ARTICLE IV – Other Provisions, if any.


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.)

Geoffrey M. Wayne
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization**
- \$ 25.00 Designation of Registered Agent**
- \$ 30.00 Certified Copy (OPTIONAL)**
- \$ 5.00 Certificate of Status (OPTIONAL)**