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COVER LETTER

	NextGen Hygiene				
SUBJECT	;	imited Liabil	ity Company	_	
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.		
Please retu	rn all correspondence concerning this	matter to the f	ollowing:		
	Dustin Burk				
		Name of	Person		_
	NextGen Hygiene				
		Firm/Co	mpany		_
	361 SE 19 Ave Unit 18			t* ·	2613
		Addr	ess	<u></u>	_X_
	Pompano Beach, FL 33060				3
	dustinjburk@gmail.com	City/State an	d Zip Code		ر ر
-		ed for future a	innual report notification)	<u>.</u>	- ;
For further i	nformation concerning this matter, ple	ase call:			
	Dustin Burk	954	8037202		
	Name of Person	Area Code	Daytime Telephone Number	_	
Enclosed is	a check for the following amount:				
\$125.00 F	-	ШСеπіfі	ed Copy — Certifica al copy is enclosed) — Certified	Filing Fee, te of Status Copy copy is enc	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
NextGen Hygiene LI					
(Must cont	ain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	fice of the Li	mited Liability Company is:		
Principal Office Address:			Mailing Address:		
361 SE 19 Ave.			361 SE 19 Ave.		
Unit 18			Unit 18		
Pompano Beach, FL 33060			Pompano Beach, FL 33060		
another business entity with an a	cannot serve as its own lactive Florida registration	Registered A	Agent's Signature: gent, You must designate an individu	al or	2
The name and the Florida street	address of the registered	agent are:		_	ZBH MOY
	Dustin Burk				5
		Name		5. 5. 5	F
	361 SE 19 Ave. Unit	18		÷ .	CO
	Florida street address	(P.O. Box <u>8</u>	OT acceptable)		
	Pompano Beach	FL	33060	• •	т Ф
	City	State	Zip		Ü

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. Thereby 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)

<u>Title:</u> "AMB	R" = Authorized Member	Name and Address:
"MGR" = Manage AMBR	" = Manager	Dustin Burk
		361 SE 19 Ave. Unit 18
		Pompano Beach, FL 33060
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		F.5 CO
		—————————————————————————————————————
he date of filing Note: If the da the document's	g.)	ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a State's records.
REOL	URED SIGNATURE:	
		st Surle
	This document is executed I am aware that any false i	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State lelony as provided for in s.817.155, F.S.
	Dustin Burk	
		Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)