

03/17/2018 15:03:40 LAZARUS CORPORATE FILING SERVICE PAGE 01
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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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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**FLORIDA LIMITED LIABILITY CO.
FUTFINDER L.L.C.**

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Futfinder L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8960 NW 97th ave.

Unit 219.

Doral, FL 33178

ARTICLE III - Registered Agent, Registered Office:

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

Maria Del Mar Medina Sayago

8960 NW 97th ave

Unit 219 Doral, FL 33178

ARTICLE IV.

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

Maria Del Mar Medina Sayago (AMBR)

Luis Daniel Fonseca Negron (AMBR)

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COURT
STATE OF FLORIDA
TALLAHASSEE, FL 32309

Required Signatures:

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Maria Del Mar Medina Sayago

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.

Maria Del Mar Medina Sayago
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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Maria Del Mar Medina Sayago

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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