L18000142875

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000172655 3)))

H180001726553ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
PRACE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

FILED
18 JUN 11 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 JUN 11 PM 5:03
CORPORATE INTERNAL COMMERCIAL SERVICES

2ND REQUEST

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE
JUN 12 2018

June 11, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: PRACE LLC
REF: W18000054146

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H18000172655
Letter Number: 218A00012063

P.O BOX 6327 – Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Prace LLC

(Must end with the words "Limited Liability Company," "L.L.C." or "L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
465 NE 96 ST	465 NE 96 ST
MIAMI SHORE, FL 33138	MIAMI SHORE, FL 33138

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:

CRISTIAN LONGO
Name

465 NE 96 ST
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33138
City 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.

X
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 JUN 11 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000172655

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	Cristian Longo 465 NE 98 St, Miami Shore, FL 33138
AMBR	Tomas Hollich Codrele Vaselehe 498/4c Brno, 62700, Czech Republic
AMBR	German Llubich 7928 West Dr. #901, North Bay Village, FL 33141

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X _____

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.)

German Llubich
Typed or printed name of signer

FILED
18 JUN 11 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000172655