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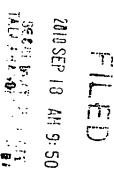
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	e)
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Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	
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## COVER LÉTTER

	New Filing Section Division of Corporations		
SUBJEC	т. <sup>'</sup>	SHAARON	.t.C.
SUBJEC		Limited Liabi	ity Company
The enclo	osed Articles of Organization and fee(s)	are submitted	for filing.
Please re	turn all correspondence concerning this	matter to the	following:
		LEO	YEN
		Name o	Person
	CRY	STAL COMP	ASS CONSULTING
		Firm/Co	ompany
	691 S	. MILPITAS	BLVD, STE 212
		Add	ress
		MILPITAS,	CA 95035
		City/State at	•
			ALCOMPASS.COM
			annual report notification)
For further	information concerning this matter, plo	ase call:	
	LEO YEN	408 (	263-1040
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	L <b>ٽ</b> ∟Certif	00 Filing Fee & S160.00 Filing Fee, lied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<del></del>	SHA	AARON LLC.		
(Must contai	n the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and street add	lress of the principal off	ice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
511 SE 5TH AVE AP	Т 1709	511	SE 5TH AVE APT 1709	
FT LAUDERDALE, F	71. 33301	FT	AUDERDALE, FL 33301	
RTICLE III - Registered Agen The Limited Liability Company c	it, Registered Office, & annot serve as its own R	: Registered Ageit tegistered Agent.		<del></del>
RTICLE III - Registered Agen he Limited Liability Company conter business entity with an ac	nt, Registered Office, & annot serve as its own R tive Florida registration.	: Registered Age Registered Agent.	it's Signature:	-4
RTICLE III - Registered Agen The Limited Liability Company c	nt, Registered Office, & annot serve as its own R tive Florida registration. ldress of the registered a	: Registered Agent. legistered Agent. )	nt's Signature: You must designate an individual or	-4
RTICLE III - Registered Agen he Limited Liability Company conter business entity with an ac	at, Registered Office, & annot serve as its own R tive Florida registration. Idress of the registered a	Registered Agent.  c)  igent are:	it's Signature:	-4
RTICLE III - Registered Agen he Limited Liability Company conter business entity with an ac	at, Registered Office, & annot serve as its own R tive Florida registration.  Idress of the registered a	Registered Agent.  c)  igent are:  ING SERVICES Name	It's Signature: You must designate an individual or  LTD. TOC.	-4
RTICLE III - Registered Agen he Limited Liability Company conter business entity with an ac	at, Registered Office, & annot serve as its own R tive Florida registration. Idress of the registered a INCORPORAT	Registered Agent. Control Cont	LTD. TOC.	35 64 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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RTICLE III - Registered Agen he Limited Liability Company conter business entity with an ac	at, Registered Office, & annot serve as its own R tive Florida registration. Idress of the registered a INCORPORAT	Registered Agent. Control Cont	LTD. TOC.	3000 B

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..

Register d Agent's Signature (REQUIRED)

(CONTINUED)

litle:		Name and Address:
AMBR" = Aut	horized Member	
MGR" = Mana	ger	
MGR	<u> </u>	NATHAN ZOMMER
		511 SE 5TH AVE APT 1709
	•	FT LAUDERDALE, FL 33301
		•
	<del>-</del>	
		·
	<del></del>	
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ARTICLE IV-