Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number: 074143000064 : (954)467-2200 Phone Fax Number : (954)467-2210

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

Sarunas@AJSUPPORT.COM Email Address:

FLORIDA LIMITED LIABILITY CO.

SUPELE ZUBR LLC

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ARTICLES OF ORGANIZATION

OF

ZUBR LLC.

The undersigned, as the authorized representative of the initial member(s) of **ZUBR LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I COMPANY NAME

The name of the Company is-ZUBR LLC.

ARTICLE II MANAGEMENT

The Company will be a manager managed company.

ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

4801 Johnson Road
Suite 11
Coconut Creek, Florida 33073
e-mail: Sarunas@AJSUPPORT.COM

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SECRETARY OF STATE
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ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Sarunas Rackauskas 4801 Johnson Road Suite 11 Coconut Creek, Florida 33073

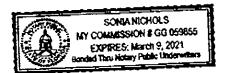
IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this day of December, 2018.

CONRAID L'BOYLE

(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.)

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 2014 day of December, 2018, by CONRAD J. BOYLE, who \times is personally known to me or who ___ has produced a Florida driver's license as identification.



Notary Public - State of Florida My Commission Expires: Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 26th day of December, 2018.

CONRAD J. BOYLE