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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AGAL Holdings, LL				
(Must conta	ain the words "Limited	l Liability Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limited	Liebilia, Camara	
		omee of the Enlined	Liaonity Company is:	
<u>Principa</u>	Principal Office Address:		Mailing Address:	
19955 NE 38 Court, A	Apt. 1703		19955 NE 38 Court, Apt. 1703	
Aventura, FL 33180	<u> </u>	Aven	Aventura, FL 33180	
(The Limited Liability Company another business entity with an a The name and the Florida street a	ctive Florida registrati	on.)		
	Alberto Galante			
		Name		
	19955 NE 38 Court,	. Apt. 1703		
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)	
	Aventura,	Florida	33180	
	City	State	Zip	
laving been named as registered a	gent and to accept serv	ice of process for the	above stated limited liah	ility commany at the
laving been named as registered a lace designated in this certificate, arther agree to comply with the pro m familiar with and accept the obl By	I hereby accept the apportions of all statutes ringitions of my position Alberto Ga	pointment as registered relating to the proper of as registered agent a	d agent and agree to act and complete performant s provided for in Chapter	in this capacity. I

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Alberto Galante 19955 NE 38 Court, Apt. 1703 Aventura, FL 33180 MGR Simon Galante 19955 NE 38 Court, Apt. 1703 Aventura, FL 33180 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Alberto Galante Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-