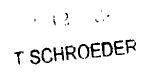
(R	(equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of 3	Status
Special Instructions to	o Filing Officer:	

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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/20/2019	<del>)</del>	**WALK IN**
ENTITY NAME_	ECLECTTICO MDD, LLC	WALK IIV
DOCUMENT NU	MBER	·
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy	
	Certified Copy	
<u> </u>	Certificate of Status	
	Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DE NUMBER OF CER	ESTINATION	
TOTAL OWED_	125.00 CHECK #_ 5789	
Please call Til	na at the above number for any issues or concerns. Thank you	so much!

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Die	ability Company is:			
ECLECTTICO N	MDD LLC	41	1.C." "I.C.")	
(Must	contain the words "Limited I	Liability Company, "I	J.L.C.," or "LLC. )	
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	ffice of the Limited L	iability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Add	ress:
90 Almeria Ave	nue	90 Alr	neria Avenuc	
Coral Gables, Fl	orida 33134	Coral	Gables, Florida 33134	
	Thomas G. Sherman,	, P.A. Name		
	90 Almeria Avenue Florida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)	
	Coral Gables	Florida	33134	
	City	State	Zip	
place designated in this certif	ered agent and to accept serv ficate, I hereby accept the app the provisions of all statutes r the obligations of my position	onnanent as registered Tothe proper to	andAomplete performa	ince of my duties, and I

FEB 20 AH 9: 0

Title:		Name and Address:
"AMBR" = Author	ized Member	
"MGR" = Manage	r	Full 1.12 Calling
MGR		Fabrizio Gallina 90 Almeria Avenue
		Coral Gables, Florida 33134
		Cotal Gables, Florida 33131
<del></del>		
(Use attachment if	necessary)	
T. E. Mr. Effective del	a if other than the date of	filing: February 19, 2019 (OPTIONAL)
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fective date is lister of filing.) If the date inserted inment's effective dute. LE VI: Other provis	I, the date must be specifing this block does not mee ate on the Department of S	et the applicable statutory filing requirements, this date will not b
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