

To: 506176 31 From: 569 514 2 To: 2/20/19 Time: 1:00 PM Date: 01/03

2/20/2019

**L1900044209**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
SRL IMPORT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

saCP Import LLC

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is:

SRL IMPORT LLC

**ARTICLE II**

**Address**

The mailing and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

927 NE 199<sup>th</sup> Street, #105  
Miami, FL 33179

**Mailing Address:**

927 NE 199<sup>th</sup> Street, #105  
Miami, FL 33179

**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Ira R. Shapiro  
16375 NE 18<sup>th</sup> Avenue, Suite 225  
North Miami Beach, FL 33162

*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.*

  
Ira R. Shapiro, Registered Agent

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**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

**ARTICLE V**  
**Persons Authorized to Manage and Control**

The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Sevant Lynford  
927 NE 199<sup>th</sup> Street, #105  
Miami, FL 33179

MGR

Karen Lynford  
927 NE 199<sup>th</sup> Street, #105  
Miami, FL 33179

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Sevant Lynford, MGR

*(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.)*

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