

2/26/2019

Division of Corporations

**L19000049710**

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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  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
MEGAN USA LLC**

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:

MEGAN USA LLC

ARTICLE II - ADDRESS:

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

185 SW 7th Street, Suite 2810  
Miami Florida, 33130

This address may be changed from time to time as provided in the Operating Agreement.

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

Lea A. Salama DiMitri, Attorney  
Behar Law Group  
888 Southeast Third Avenue  
Suite # 400  
Fort Lauderdale, Florida 33316

*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.*

  
Lea Salama DiMitri, Registered Agent

ARTICLE IV - MANAGEMENT:

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

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JACKSONVILLE, FLORIDA

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Title:

Name and Address:

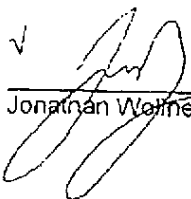
MGR

Jonathan Woliner Einhorn Benhamu  
185 SW 7th Street, Suite 2810  
Miami Florida, 33130

MGR

Miriam Benhamu Chocron  
185 SW 7th Street, Suite 2810  
Miami Florida, 33130

Signature(s) of Manager(s):

✓   
\_\_\_\_\_  
Jonathan Woliner Einhorn Benhamu

*(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, Florida Statutes).*

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DEPARTMENT OF STATE  
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