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NAME: RAISE THE DEAD LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

RAISE THE DEAD LLC

ARTICLE II: Address

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

5101 COLLINS AVENUE PH D **MIAMI BEACH, FLORIDA 33140**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

JOSE M CHANFRAU IV 5101 COLLINS AVENUE PH D MIAMI BEACH, FLORIDA 33140

Having been named as registered agent 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.

Χ

JOSE M CHANFRAU IV / Registered Agent's Signature

PAGE 2 RAISE THE DEAD LLC

<u>ARTICLE IV</u>: The name and address of each person authorized to manage and control the Limited Liability Company.

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AUTHORIZED MEMBER: MELISSA MERUELO 5101 COLLINS AVENUE PH D MIAMI BEACH, FLORIDA 33140

MEMBER: DUNCAN WALGREENS 5101 COLLINS AVENUE PH D MIAMI BEACH, FLORIDA 33140

MEMBER: JOE RISOLIA 5101 COLLINS AVENUE PH D MIAMI BEACH, FLORIDA 33140

MEMBER: EYAL AGAI 5101 COLLINS AVENUE PH D MIAMI BEACH, FLORIDA 33140

× My

MELISSA MERUELO

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of the 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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