

To: 18506176381 From: 14694451465 Date: 04/30/19 Time: 1:50 PM Page: 01/04

4/30/2019

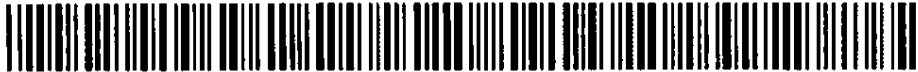
Division of Corporations

L19000110502

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
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.
ECLIPSE DESIGN STUDIO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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J DENNIS
MAY 01 2019

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

ARTICLE I

The name of the Limited Liability Company is:

ECLIPSE DESIGN STUDIO, LLC

ARTICLE II

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

**328 Crandon Blvd., Ste.215-B
Key Biscayne, Florida 33149**

ARTICLE III

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

**RHONA CHARTOUNI
328 Crandon Blvd., Ste.215-B
Key Biscayne, Florida 33149**

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 605.0201, F.S.



**RHONA CHARTOUNI
Registered Agent**

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ARTICLE IV

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Rhona Chartouni
328 Crandon Blvd., Ste.215-B
Key Biscayne, Florida 33149

ARTICLE V

Effective date, if other than the date of filing: 5/21/19 (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).

ARTICLE VI

Other provisions, if any:

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REQUIRED SIGNATURE:



Rhona Chartouni

(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.)

RHONA CHARTOUNI

FILE
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DIVISION OF CORPORATE AFFAIRS
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