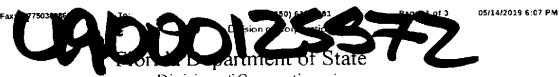
From: Robert Fanjul 5/14/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000158693 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039 Phone : (305)244-0769 : (877)503-6086 Fax Number

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. AWA GROUP USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AWA GROUP USAILLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 11 - Address:

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

. Ta:

Principal Office Address: Mailing Address: 10430 NW 74TH STREET 10430 NW 74TH STREET MIAMI, FL 33178 MIAMI, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANDRES E ALV	ARADO MEJIAS	
	Name	
10430 NW 74TH	STREET	
Florida street add	iress (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33178
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 MAY 15 AM 10: 12

Fax: (850) 617-6381

05/14/2019 6:07 PM

Page: 3 of 3

REQUIRED SIGNATURE:

From: Robert Fanjul

Fax: 18775036086

To:

Signature of a member or an authorized representative of a member.

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, F.S.

ANDRES E ALVARADO MEJIAS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)