

L19000131579

Florida Department of State
Division of Corporations
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Division of Corporations

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

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

C RICO
MAY 23 2019

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

SELY USA LLC

ARTICLE II - Address:

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

7524 NW 72 AVE. MEDLEY, FL 33166

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

ZULEMA DURAN RODRIGUEZ
7524 NW 72 AVE
MEDLEY, FL. 33166

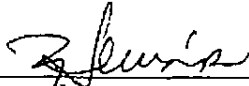
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DIVISION OF REVENUE
STATE OF FLORIDA

ARTICLE IV-

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

ZULEMA DURAN RODRIGUEZ (AMBR)
MANUEL SANCHEZ (AMBR)

Required Signatures:



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

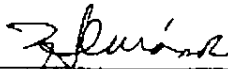
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

ZULEMA DURAN RODRIGUEZ

Typed or printed name of signee

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)

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STATE OF FLORIDA
DEPARTMENT OF STATE