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FLORIDA LIMITED LIABILITY CO. AWAKENINGS CONSULTING LLC

Certificate of Status	1
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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZOLIN TO AH 9:

SEGRETARY OF STATALLAHASSEE, FLOR

ARTICLE I - Name:
The name of the Limited Liability Company is:
Awakenings Consulting LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
20055 SW 123 Court
Miami FL 33175
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.)
Orlando Castro
2055 SW 123 Court
Miani & 2 33175
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Delando Castro (AMBR)
Christina (querra (MGR)

## Required Signatures:

06/10/2019 15:59

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

It 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.

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