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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL CPA, INC. Account Number : I20130000039 : (305)603-8791 Fax Number : (877)503-6086

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. LESMATECH ENTERPRISE LLC

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AUG 0 5 2019

V.S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LESMATECH ENTERPRISE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

221 W HALLANDALE BEACH BLVD # 312 HALLANDALE BEACH, FL 33009 221 W HALLANDALE BEACH BLVD #312 HALLANDALE BEACH, FL 33009

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:

ROBERTO FANJUL

Name

5170 SW 7TH STREET

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES

F1

33131

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 cartificate, 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)

MA e2:01 9105120180

E to Silegari

Fax: (850) 617-6381

Fax: 18775036086 To:

ARTICLE IVThe name and address of each person authorized to namage and control the Limited L

AMBR = Authorized Member MGR = Manager AMBR = Q1 W HALLANDALE BEACH BLVD # 312 HALLANDALE BEACH FL 33009 (Use attachment if necessary) TICLE V: Effective date (if other than the date of fling) or of the date is flared, the date must be specific and content by more than the business days prior to or 90 days date of fling.) (If the date inserted in this block does not meet the applicable statutors, filing requirements, this date will not be indocument is effective date on the Department of State's records. TICLE VI: Other provisions, if any Signeture of a member or of flatherized representative of a member? This document is not considered in the business of 30 (1) (b). Flunds Statues, I am amore that any false information submitted in a document in the Department of State constitutes a thard degree felory, as provided for in 1,817,155, F.S. FRANKLIN W BERMEO PELIA.		Name and Address:
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