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.

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To: From:	Division of Corporations Fax Number : (850)617-6381 Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977	T-7 PH 2: 28
an	the email address for this business entity to be used for fut nual report mailings. Enter only one email address please.** ail Address:	oct 08
**************************************	FLORIDA LIMITED LIABILITY CO. ASESORIA CONTABLE Y EMPRESARIAL, LLC.	······································
	Certificate of Status0Certified Copy1Page Count03	- / :::III:: 1-9

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY $_{\star r}$

ARTICLE I - Name: The name of the Limited Liability	Company is:		+
ASESORIA CONTAI (Must conta	BLE Y EMPRESARIA in the words "Limited l		, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited	1 Liahility Company is:
Principa	Office Address:		Mailing Address:
7035 NW 186TH ST APT D404 MIAMI, FL 33015		SAI	мё
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac	annot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street as	Idress of the registered	agent are:	
	KENNETH WOLF	Name	
	7035 NW 186TH ST Florida street address		ucceptable)
·	MIAMI	FL	33015
	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 OCT -7 PH 2: 28

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
MGR	VICTOR ALFREDO BALLON
	7035 NW 186TH ST APT D404
	MIAMI, FL 33015
MGR	KENNETH WOLF
	1590 WEST 46TH ST 233
	HIALEAH, FL 33012
MGR	VICTOR EINSTEIN HUARNIZ CASTILLO
	AV. Alfredo Benavides Nro. 467 URB,
	Leuro Lima, Lima Miraflores
47.7	
(Use attachment if necessary) CLE V: Effective date, if other than the date of effective date is listed, the date must be specification.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 or
CLE V: Effective date, if other than the date of effective date is listed, the date must be spect to of filing.)	cific and cannot be more than five business days prior to or 90 ceet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the date of effective date is listed, the date must be spect to of filing.) If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false if	eet the applicable statutory filing requirements, this date will not be f State's records. The proof of a member

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)