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:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

S TALLEN"

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

NOV 0.5 2019

Email Address:_

FLORIDA LIMITED LIABILITY CO. ECO-PRO CARIBBEAN INTERNATIONAL LLC

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

Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE	Ţ	-	Name:
	•		

The name of the Limited Liability Company is:

ECO - PRO CARIBBEAN INTERNATIONAL 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:

	A CONTRACT OF STATE O
11419 NW 74th TERRACE	11419 NW 74th TERRACE
DORAL, FL 33178	DORALFL 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:

Principal Office Address:

THE GECKA GROUP, INC.

Name

13255 SW 137TH AVE SUITE 105

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

MIAMI FL 33186

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 religing to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position deregistured agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 NOY -4 PH 3: 36

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"MGR" = Manager AMBR LUIS F FAJARDO 11419 NW 74TH TERRACE DORAL FL 33178 MGR ADRIANA GOMEZ 11419 NW 74TH TERRACB DORALFL 33178 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days and ender of filing.) other if the date instruct in this block does not meet the applicable statistory filing requirements, this date will not be lise a document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of semember or an authorized representative of a member. This document is effective date on the Department of State's records. LUIS F FAJARDO Typed or printed name of signee		itk:	Name and Address:
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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)