

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

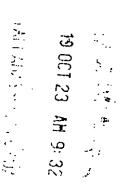
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COVER LETTER

	lling Section in of Corporations			
SUBJECT:	THREE SIX ZERO INTE	RNATIONA	L LLC	
30MCC1	Name of	Limited Liab	ility Company	
The enclosed Ar	ticles of Organization and fee(s)	are submitte	ed for tiling.	
Please return all	correspondence concerning this	matter to the	: following:	
LINI	1 NGUYEN			
-		Name o	of Person	
THO	MAS ST JOHN INC			
		Firm/C	ompany	
1083	77 WILSHIRE BVD, STE 155	0		
		Ada	lress	
LOS	ANGELES, CA 90024			
LINH	NGUYEN@THOMASSTJOH	•	nd Zip Code	
	E-mail address: (to be us	ed for future	annual report notificati	on)
For further inform	tion concerning this matter, plea	ase call:		
LINH		424	273 1172	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is a che	ck for the following amount:			
\$125.00 Filing Fo	S130.00 Filing Fee & Certificate of Status	LCertif	00 Filing Fee & [ied Copy all copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC	CLE	- 12	Nο	me:

The name of the Limited Liability Company is:

THREE SIX ZERO 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:

Principal Office Address:

Mailing Address:

10877 WILSHIRE BLVD STE 1550 LOS ANGELES, CA 90024

10877 WILSHIRE BLVD STE 1550 LOS ANGELES, CA 90024

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:

Laurent Braun

Name

1406 Lenox Avenue

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

 Miami Beach
 Florida
 33139

 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)

(CONTUNUED)

19 OCT 23 AM 9: 32

	* Authorized Member	Name and Address:
	■ Manager	I P
<u>AMBR</u>		Laurent Braun
		1406 Lenox Avenue Miami Beach, Florida 33139
		Milanii Beach, Fiorida 55159
MGR		Paul Macrae
		10877 Wilshire Blvd. Suite 1550
		Los Angeles, CA 90024
MGR		Mark Gillespie
		10877 Wilshire Blyd. Suite 1550
		Los Angeles, CA 90024
		
(Use attac	chment if necessary)	
CLE V: Effe ffective dat e of filing.)	ective date, if other than the c e is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
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Typed or printed name of signee

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)