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Division of Corporations

Fax Number : (850)617-6381

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178

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FLORIDA LIMITED LIABILITY CO. LOLISK LLC

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ARTICLES OF ORGANIZATION FOR LOLISK, LLC (A Florida Limited Liability Company)

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act. Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - Name:

The name of the Limited Liability Company is LOLISK, LLC (the "Company").

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 201 Albambra Circle, Suite 514, Coral Gables, Florida 33134.

ARTICLE III - Duration:

The existence of this limited liability company shall begin on the date of the filing of these Articles of Organization. The Company's existence shall be perpetual.

ARTICLE IV - Management:

The Company is to be managed by a manager or managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address (es) of such managers who are:

David Kaiserman

201 Alhambra Circle, Suite 514 Coral Gables, Florida 33134

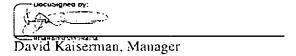
ARTICLE V-Registered Agent:

The name and the street address of the registered agent of the Limited Liability Company is David Kaiserman whose address is 201 Alhambra Circle, Suite 514, Coral Gables, Florida 33134.

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IN WITNESS WHEREOF, the undersigned hereby affirm under the penalties of perjury that the facts stated hereinabove are true and have executed this instrument as of this _____ day of November, 2019.



ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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 certification, 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 statues 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.

Dated this6th day of November.2019.

By: Document by:

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