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lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enail	Aldress:	

FLORIDA LIMITED LIABILITY CO. SAMSARA LLC

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

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ADTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: PrincipAL OFFICE: 11005 5W 43 TERRAGE WIRMI, Mailing Address: 10690 5W 24 5T Winni, FL ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liebilly Company cannot serve as its own Registered Agent. You must designate an individual or another sustness entity with an active Florida registration.) ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) ERRACE WIAM

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution cli this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.B.

DIAUA ROCKIQUEZ OROZCO
Typed or printed name of signee

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 here: y 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)