

12/6/2019

Division of Corporations

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Florida Department of State
Division of Corporations
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From: Account Name : ALEX PINA CO.
Account Number : I20190000095
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FLORIDA LIMITED LIABILITY CO.

Skewered LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SKEWERED 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:**95 MERRICK WAY FL 395 MERRICK WAY FL 3CORAL GABLES, FL 33134CORAL GABLES, FL 33134**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:

Alex Pina co.

Name

8400 NW 36th St Ste 450Florida street address (P.O. Box **NOT** acceptable)DoralFL33166

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)

