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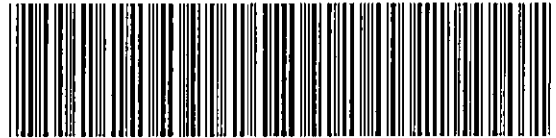
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DATE: 12/16/19

NAME: ECHEF MD LLC

TYPE OF FILING: ARTICLES

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

ECHEF MD LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

1932 DREW STREET UNIT 11

CLEARWATER, FLORIDA 33765

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

WILLIAM LAGAMBA

15 SOMERSET STREET UNIT 602

CLEARWATER, FLORIDA 33767

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.

x William LaGamba

WILLIAM LAGAMBA / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

JAIME RIOS

6213 LAFFERRE LANE

HILLIARD, OHIO 43026

AUTHORIZED MEMBER

WILLIAM LAGAMBA

15 SOMERSET STREET UNIT 602

CLEARWATER, FLORIDA 33767

.....

x William LaGamba
WILLIAM LAGAMBA / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of 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 s.817.155, F.S.)