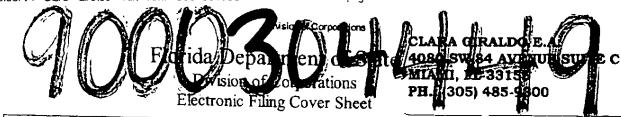
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To:		1 S
	Division of Corporations	55
	Fax Number : (850)617-6381	(n) (1)
From:		79 B
	Account Name : CLARA GIRALDO ENROLLED AGENT	65 W
	Account Number : I19990000017	
	Phone : (305)485-93 00	
	Fax Number : (305)485-1098	P (1)

FLORIDA LIMITED LIABILITY CO. THE BEST DOME LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

THIS CORP. WILL START OPERATING ON JANUARY 1ST, 2020

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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

THE BEST DOME, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

THE BEST DOME, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

3505 LAUREN GREENS LN SOUTH SUITE 202 NAPLES, FL 34119

The mailing address shall be:

3505 LAUREN GREENS LN SOUTH SUITE 202 NAPLES, FL 34119

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

HECTOR FEDERICO VALVERDE

3505 LAUREN GREENS LN SOUTH SUITE 202 Florida Street address (P.O.BOX NOT acceptable) NAPLES, FL 34119 City, State, and Zip

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

Having been named as registered agent and to accept service of process for the above stated ilmited 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/figgistered agent as provided for in Chapter 605, F.S.

GISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LILIA GRACIELA LEON MANAGER 3505 LAUREN GREENS LN SOUTH SUITE 202

NAPLES, FL 34119

HECTOR FEDERICO VALVERDE MANAGER

3505 LAUREN GREENS LN SOUTH SUITE 202

NAPLES, FL 34119

VERONICA VALVERDE MANAGER

3505 KAUREN GREENS LN SOUTH SUITE 202 NAPLES, PL 34119

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

HECTOR FEDERICO VALVERDE

Typed or printed name of signee

ARTICLE V

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2020