Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

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Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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Email Address:

FLORIDA LIMITED LIABILITY CO. CANNET MANAGEMENT, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
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| ARTICLES OF ORGANIZATION | | | | |
|---|---------------------------------------|--|--|--|
| FOR FLORIDA LIMITED LIABILITY COMPANY | 2020 5£0 TALL | | | |
| GIADIT ED LIABILITY COMPANY | 2020 JAN -8 SECRETARY ALLAHASSE | | | |
| ARTICLE I - Name: The name of the Limited Liability Company is: | -8 SSEE | | | |
| Carnet Management, LLC | AM 9: 07 DESTATE FEORIN | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | |
| 27583 SW 14312 CT. Homestead, Fl 33032 | | | | |
| | | | | |
| | | | | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Lin Company cannot serve as its own Registered Agent, You must designate an individual or another institution with an active Florida registration.) Analya Cannot | mited Liability ess entity | | | |
| 27583 SW 143 CT | | | | |
| Homestead FL 33032 | | | | |
| ARTICLE IV The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR) ARTICLE IV The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR) | Limited | | | |
| (AMBR) | | | | |
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| <u>Required</u> | Ciam. | |
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| VACHORI CAT | OLEH | uures: |

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. 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.

ARIADNA CANNET

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 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 diffies, and I am familiar with and accept the obligations of my position as registered agent us provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)