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Fax Number : (350)617-6381

From:

Account Name : AlA REGISTERED AGENT INC.

Account Number : I20090000032 Phone : (561)792-2236 Fax Number : (561)202-8082

\*\*Inter the email address for this business entity to be used for After = annual report mailings. Enter only one email address please.

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Email Address:

FLORIDA LIMITED LIABILITY CO. AFRICA MARKET INTELLIGENCE, LLC

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February 10, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A1A REGISTERED AGENT

SUBJECT: AFRICA MARKET INTELLIGENCE, LLC

REF: W20000013476

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: H20000043796 Letter Number: 320A00002949

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

AFRICA MARKET INTELLIGENCE, LLC

(Must conatin 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, 3RD FLOOR

CORAL GABLES, FL 33134

95 MERRICK WAY, 3RD FLOOR CORAL 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:

ATA REGISTERED AGENT INC.

Name

5647 HOTH AVENUE NORTH

Florida street address (P.O. Box NOT acceptable)

ROYAL PALM BEACH FL

33411

City

State

tered Agent's Signature (REQUIRED)

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..

(CONTINUED)

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SECRETARY OF STATE

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<u>Fitle:</u> "AMBR" ∺ Authorized Member "MGR" ↑ Manager	Name and Address:
MGR	JOHN PRICE 95 MERRICK WAY, 3RD FLOOR CORAL GABLES, FL 33134
Use attachment if necessary)	
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