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| | | (Addr | ess) | | |
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| [| PICK- | UP | MAIT | | MAIL |
| | | (Buşir | ness Entity N | ame) | |
| | | (Docu | ıment Numbe | er) | |
| Certified | Copies | | Certificat | es of Stai | tus |
| Specia | l Instructio | ns to Fil | ling Officer: | | |
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Office Use Only



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2020 FEB 25 AM 9: 05 SECRETARY OF STATE SECRETARY OF STATE



N CULLIGAN

FEB 2 5 7020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 2/24/2020 | | | #WALK | [N** |
|---------------------|--|---|-------|------|
| ENTITY NAME DITO | CONSULTING LLC | | | |
| | <u> </u> | | *** | |
| DOCUMENT NUMBER | · | | | _ |
| | **PLEASE FILE | THE ATTACHED AND RETURN** | | |
| - | Plain Copy | | | |
| <u> </u> | Certified Copy | | | |
| | Certificate of Statu | us | | |
| * | | E FOLLOWING FOR THE ABOVE ENTITY** | | |
| | Certified Copy of A Certificate of Good | | | |
| | **APOSTILLE' / | / NOTARIAL CERTIFICATION** | | |
| COUNTRY OF DESTINA | ATION CYPRUS | | | |
| NUMBER OF CERTIFICA | ATES REQUESTED 1 | | | |
| TOTAL OWED 155.00 | 0/10.00 | ACCOUNT #: I20160000072 | • | |
| | | S 8 FM | | |
| Please call Tina at | the above number fo | or any issues or concerns. Thank you so | much! | |

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 FEB 25 AH 9: 05

| ATTO DE M | | | | |
|---|---|--|---|--------|
| ARTICLE I - Name: The name of the Limited Liabilit | y Company is: | | SECRETARY C TALLAHASS | OF STA |
| DITO Consulting LL | .C | | | |
| | ain the words "Limited | Liability Compan | ', "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal o | office of the Limite | d Liability Company is: | |
| Principa | al Office Address: | | Mailing Address: | |
| | r Sto 202 | 13 | 33 S. University Dr., Ste. 202 | |
| 1333 S. University D Plantation, FL 33324 | | | ntation, FL 33324 | |
| Plantation, FL 33324 ARTICLE III - Registered Age (The Limited Liability Company | ent, Registered Office, cannot serve as its own | Pto Registered Agent Registered Agent | | |
| Plantation, FL 33324 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | ent, Registered Office, cannot serve as its own ctive Florida registration | & Registered Agent | ent's Signature: | |
| Plantation, FL 33324 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | ent, Registered Office, cannot serve as its own ctive Florida registration | & Registered Ag n Registered Agent on.) d agent are: | ent's Signature: | |
| Plantation, FL 33324 ARTICLE III - Registered Age The Limited Liability Company another business entity with an a | ent, Registered Office, cannot serve as its own ctive Florida registration | & Registered Ag n Registered Agent on.) d agent are: | ent's Signature: | |
| Plantation, FL 33324 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | ent, Registered Office, cannot serve as its own ctive Florida registration | & Registered Ag n Registered Agent on.) d agent are: | ent's Signature: | |
| Plantation, FL 33324 ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered InCorp Services. Inc | & Registered Agent on.) d agent are: Name | ent's Signature: You must designate an individual or | |
| Plantation, FL 33324 ARTICLE III - Registered Age | ent, Registered Office, cannot serve as its own ctive Florida registration address of the registered InCorp Services, Inc. 17888 67th Court No. | & Registered Agent on.) d agent are: Name | ent's Signature: You must designate an individual or | |

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)

Registered Agent's Signature (REQUIRED)

Sarah Balen, Asst. Sec.

ARTICLE IV-

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

| uthorized Mamhar | Name and Address: | |
|--|--|---|
| inager | Dirk Richter 42 Arch. Makariou Ave., Harbour View Residence Flat 701 Larnaca, 6017 Cyprus | SECR |
| | Siegfried Tom Zein Merbitzerstr.53 Dresden, Saxony, 01157 Germany | ECRETARY OF ST |
| | | ATE |
| e date, if other than the date of filing isted, the date must be specific and ted in this block does not meet the eye date on the Department of State. | d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not | _ |
| SIGNATURE | | |
| | listed, the date must be specific and ted in this block does not meet the a | Dirk Richter 42 Arch. Makariou Ave Harbour View Residence Flat 701 Larnaca. 6017 Cyprus Siegfried Tom Zein Merbitzerstr. 53 Dresden, Saxony, 01157 Germany ent if necessary) e date, if other than the date of filing: |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)