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Division of Corporations

3052201440

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Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:_

FLORIDA LIMITED LIABILITY CO. ART BY PILAR, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Art by Pilar, LLC	전() 185	<u> 1</u> 020 F E	-7
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim Company is:	ited Lial		
6367 SW A STREET	· 	3: 26	
West Highing FL 33144		·	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Company cannot serve as its own Registered Agent. You must designate an individual or another by with an active Florida registration.)	Limited Lid usiness entity	ability V	
PILAR VILLA		· -	
6367 SW. 12 STreeT			
Wost Miani, FL 33144			
ARTICLE IV The name and title of each person authorized to manage and control t Liability Company: (MGR or AMBR)	he Limit	æd	
PILAR VILLA - Ambr.			
	 .		

Required Signatures:

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.

PILAR VILLA

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 herely 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)