Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000159775 3)))



የ2000001 597753&PC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor	rporations	(1)	2020
		: (850)617-6381		HIN' 0
From:			75.7	歪
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	(6)	<u></u>
	Account Number		· m	
	Phone	: (305)552-5973		2
	Fax Number	: (305)675-5944	٠,	<u></u>
			-	0
		s for this business entity to be used for ngs. Enter only one email address please		2
Ema	il Address:			

FLORIDA LIMITED LIABILITY CO. XIMI FESTIVAL LLC.

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

2620 JULY - 1 PH 2: 03

.,

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

XIMI FESTIVAL LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2900 W. SAMPLE RD. ST160 POMPANO BEACH FL. 33073

ARTICLE III - Registered Agent, Registered Office:

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

MIKE MONTGOMERIE - 2900 W. SAMPLE RD. ST160 POMPANO BEACH FL. 33073

ARTICLE IV-

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

NAHIR FABIOLA VARGAS - AMBR (Owner 60%)

MIKE MONTGOMERIE - AMBR (Owner 40%)

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.

MIKE MONTGOMERIE

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 609, F.S..

Registered Agent's Signature (REQUIRED)