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To:

Division of Corporations

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Frail	Address:		

## FLORIDA LIMITED LIABILITY CO. **C&M MODELS LLC**

SC 2 5 2029

T. SCOTT

Certificate of Status	1
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## ARTÍCLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPAN

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mited

ARTICLE I - Name: The name of the Limited Liability Company is:	FE S
CEM HODELS LLC	1: 25 TATE ORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Company is:	
2201 Ludland Rd Apt 314 1	YAMI E.
33/55	
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 business en with an active Florida registration.)  CAUDIA PUISON HUSSTELLER  7201 LWIAMA - RD AP+ 314 MIAMI	itity
ARTICLE IV The name and title of each person authorized to manage and control the L	, imited
Liability Company: (MGR or AMBR)	
CLAUDIA YENISEY HUSTELIEN RIV.	ero (AMBK
1	\

## Required Signatures:

Signature of a member of 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.

## 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 here by 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 age at as provided for fin Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)