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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA LIMITED LIABILITY CO. NEXT LEVEL SAFETY SUPPLIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY.

AR	П	C	J.F.	1 -	1 3	me:

The name of the Limited Liability Company is:

NEXT LEVEL SAFETY SUPPLIES LLC

Principal Office Address:

(Must contain 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:

4909 SW 74 CT	4909 SW 74 CT
MIAMI, FL 33155	MIAML FL 33155

Mailing Address:

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:

EXPRESS CO	ORPORATE FILING SE	RVICE, INC.
	Name	
12905 SW 42	nd STREET STE 210	
Fiorida street	address (P.O. Box NOT	acceptable)
MIAMI	FL_	33175
Cit	State	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..

/s/ Cfanet Avila
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JUL 29 PM 2: 23

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: er
AMBR	ANDREA MACIAS 4909 SW 74 CT MIAMI, FL 33155
AMBR	ISIDRO GUILLAMA 4909 SW 74 CT MIAMI, FL 33155
MGR	JUAN CARLOS MACIAS 4909 SW 74 CT MIAMI, FL 33155
(Use attachment if necessary)	
n effective date is listed, the date u	an the date of filing:
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
•	Asicho Guillama
Signatu	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

Typed or printed name of signee

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

ISIDRO GUILLAMA

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ONTO JOE 23 EU 5: 52