Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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|------|----|--------|--|

FLORIDA LIMITED LIABILITY CO. FREE WINGS ENTERPRISES LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | ΕI | - Na | me: |
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The name of the Limited Liability Company is:

| Free WINGS ENTERPRISES LL | - C |
|---|-----------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is: | Liability |
| 555 NE 15 ST Ste 27F MIAMI | F1 33132 |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limit Company cannot serve as its own Registered Agent. You must designate an individual or another business entire with an active Florida registration.) LOYGYNC FERNANDEZ MONTEL 5555 NE 1557 STE 27F MIAMI | ty |
| ARTICLE IV The name and title of each person authorized to manage and control the Lin Liability Company: (MGR or AMBR) Loraque Fernandez Mondiel AMI | |
| 7010 | 20 |
| | 5. 5. 7. |
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| | 6: 0 |

Required Signatures:

3052201440

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.

LotayNC Fernandez Moutiel
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 agent in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)