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 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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SECOND ATTEMPT (((H20000277905 3))) SECOND ATTEMPT



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20 AUG 13 PM 2:00
 FILED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
 GLIDE LABS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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 AUG 13 2020

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLIDE LABS, LLC

(Must end with 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:

Principal Office Address:

2423 SW 147th Ave #781

Miami, FL 33185

Mailing Address:

2423 SW 147th Ave #781

Miami, FL 33185

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:

Moshe Hamel

Name

2423 SW 147th Ave #781

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

City

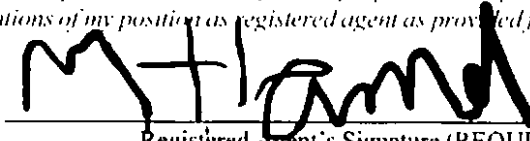
FL

State

33185

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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20 AUG 13 PM 2:00

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CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Yakov Hershowitz

2423 SW 147th Ave #781

Miami, FL 33185

MGR

Moshe Hamel

2423 SW 147th Ave #781

Miami, FL 33185

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document executed in accordance with section 605.0203 (1) (b), Florida Statutes
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.

Yakov Hershowitz

Typed or printed name of signer