

Division of Corporations

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**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****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.
PROVIDING 4U, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

PROVIDING 4U, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

PROVIDING 4U, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**7732 CAMINO REAL APT F101
MIAMI, FL. 33143**

The mailing address shall be:

**7732 CAMINO REAL APT F101
MIAMI, FL. 33143**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**


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

RHUSLAN GARCIA

7732 CAMINO REAL APT F101
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33143
City, State, and Zip

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TALLAHASSEE, FLORIDA

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

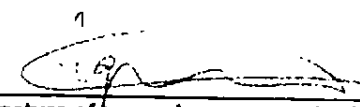
ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

RHUSLAN GARCIA
7732 CAMINO REAL APT F101
MIAMI, FL 33143

MANAGER

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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.)

RHUSLAN GARCIA

Typed or printed name of signee