Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000351360 3)))



| | Doing | so will generate | anomer cover | sneet. | | 2020 C |
|-------------|----------------------------|---|--------------------------------|----------------------------------|--|------------------|
| To: | | | | | TO SET TO | <u> </u> |
| | Division of C | orporations | | | ξη:11 | 1 |
| | Fax Number | : (850)617-63 | 81 | | <u> </u> | α |
| From: | | | | | 7117 | 3 |
| · · · · | Account Name | : LAZARUS COR | DODATÉ ETLING | CCD\### THE | | Ċ. |
| | Account Number | r : I2000000000 | PURATE FILING | SERVICE, INC. | | - |
| | Phone | | | | ್ತ್ರಾಗ್ | ū |
| | Fax Number | | | | • | |
| ann | ual report mail | ss for this bus lings. Enter onl | iness entity Ly one email a | to be used for iddress please | r future | |
| ann | the email addresounce mail | ss for this bus ings. Enter onl | iness entity Ly one email a | to be used for address please | r future | 202 |
| ann | dl Address: | ings. Enter onl | ly one email a | ddress please | future | 2020 0 C1 |
| ann | dl Address: | ss for this bus ings. Enter onl DA LIMITEI | ly one email a | ddress please | r future | OCT - |
| ann | all Address: | ings. Enter onl | LIABILIT | ddress please | r future | |
| ann | all Address: | DA LIMITEI | LIABILIT | ddress please | r future | OCT - |
| ann | FLORI | DA LIMITEI TEC CONSUL | LIABILIT | ddress please | future | 0CT -8 |
| ann | FLORI Certificate o | DA LIMITEI TEC CONSUL | LIABILIT | Y CO. | future ANOSS A | 0CT -8 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

3052201440

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

TEC Consulting LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7035 SW 47 Street, Suite G

Miami, FL 33155

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another Lusiness entity with an active Florida registration.)

Rosy Lee Hung

7035 SW 47 Street, Suite G

Miami, FL33155

ARTICLE IV-

The name and title of each person authorized to manage and control the Liraited Liability Company:

Natacha Munilla Bastian - Managing member

Fernando Munilla - Managing member

Lori Andreu - Managing member

Rosy Lee Hung - Managing member

2020 OCT -8 AH 8: 20

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.

> Rosy Lee Hung 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 as provided for in-Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)