

12/21/2020

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Florida Department of State
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Account Number : 120160000045
Phone : (305)606-0399
Fax Number : (305)508-6364

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Email Address: alonsoa@aapalaw.com

**FLORIDA LIMITED LIABILITY CO.
IMAGEN MARKETING CONSULTING LLC.**

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**ARTICLES OF ORGANIZATION OF
IMAGEN MARKETING CONSULTING LLC.**

The undersigned, being authorized to execute and file these Articles, hereby certifies
that:

ARTICLE I -Name:

The name of the Limited Liability Company is:

IMAGEN MARKETING CONSULTING LLC.

ARTICLE II -Address:

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

95 Merrick Way, 3rd Floor
Coral Gables, FL 33134

ARTICLE III -Registered Agent and Registered Office

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

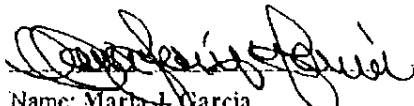
Maria J. Garcia
95 Merrick Way, 3rd Floor
Coral Gables, FL 33134

ARTICLE IV - Managers

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

<u>Title</u>	<u>Name and Address</u>
Manager	Maria J. Garcia 95 Merrick Way, 3rd Floor Coral Gables, FL 33134
Manager	Roxana Fernandez 95 Merrick Way, 3rd Floor Coral Gables, FL 33134

IN WITNESS WHEREOF, I have signed these Articles of Organization as an
authorized representative of a member and acknowledge them to be my act this 18 day of
December, 2020.

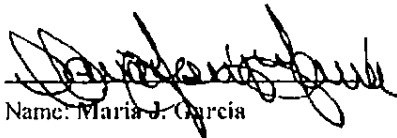

Name: Maria J. Garcia

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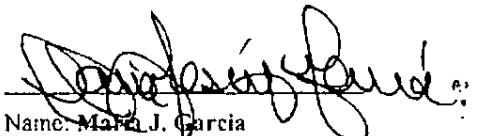
(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)


Name: Maria J. Garcia**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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 Section 817.155, F.S.)

Signature of Registered Agent


Name: Maria J. Garcia

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