12/28/2020



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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (305)931-0433

Fax Number : (866)856-1462

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

runil Addanas.
Email Address:

FLORIDA LIMITED LIABILITY CO.

Earthbound Technologies LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DEC 2 9 2020

T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Eiability Company is: ** ** ** ** ** ** ** ** ** ** ** ** **	;	·	÷;		Ç4	
Earthbound Technologies LLC						
(Must contain the words "Limit	led Lia	ability Company, "I	L.C	" or "LL	C.")	

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
19925 NE 39 Place #304	19925 NE 39 Place #304
Aventura, FL 33180	Aventura, FL 33180

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:

	Nime	
2750 NE 185th Stree	et. Suite 203	
Classida etuant neldunu	ss (P.O. Box <u>NOT</u> ac	ccentable)
Promoa street addres	85 (1.0. D0X <u>MOT</u> &c	сершису
Aventura,	FL FL	33180

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. Thereby accept the appointment as registered agent and agree to act in Fis 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 Capts 605. ES

Registered Agent's Signature (REQUINED)

(CONTINUED)

From: Paul Feldman

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jack Dweck 19925 NE 39 Place #304
	Aventura, FL 33180
(Use attachment if necessary)	
(Use attachment if necessary)	
ICLEV: Effective date, if other than	the date of filing (OPTIONAL)
CLEV: Effective date, if other than effective date is listed, the date mu	the date of filing:
ICLEV: Effective date, if other than reffective date is listed, the date munice of filing.)	st be specific and cannot be more than five business days prior to or 90 days at
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)