## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : VIDAL FINANCIAL, INC.

Account Number : I20190000097

Phone : (305)631-0331 Fax Number : (305)854-3131

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## FLORIDA LIMITED LIABILITY CO. BILLFISH GEAR USA LLC

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January 7, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VIDAL FINANCIAL, INC.

SUBJECT: BILLFISH GEAR USA LLC

REF: W21000001247

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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James G Harris Regulatory Specialist II New Filing Section FAX Aud. #: H21000005745 Letter Number: 321A00000300

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
BILLFISH GEAR US		Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad			
Principa	LOffice Address:		Malling Address:
2000 SOUTH DIXIE SUITE 205 MIAMI, FLORIDA 3		<u></u>	000 SQUITH DIXIE HIGHWAY UTTE 205 IIAMI, FLORIDA 33133
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Ages	gent's Signature: nt. You must designate an individual or
The name and the Florida street a	ddress of the registere	d agent are:	
	VIDAL FINANCIA	L INC Name	· · · · · · · · · · · · · · · · · · ·
	2000 SOUTH DIXII	HIGHWAY #2	05
	Florida street addres	s (P.O. Box <u>NO</u> 1	Eacceptable)
	MIAMI	FI,	33133
	City	State	Ζίρ

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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.

.. .... . . . . . .

Registred Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	LEONARD CHAPMAN
	2000 SOUTH DIXIE HIGHWAY #205
	MIAMI, FLORIDA 33133
<del></del>	
(Use attachment if necessary)  LE V: Effective date, if other than the date.	ntc of filing:
LE V: Effective date, if other than the diffective date is listed, the date must be of filling.)  If the date inserted in this block does no	ate of filing:  specific and cannot be more than five business days prior to or 90 at most the applicable statutory filing requirements, this date will not not of State's records.
LEV: Effective date, if other than the diffective data is listed, the date must be to filling.)	specific and cannot be more than five business days prior to or 90 at most the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)  If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 at most the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other than the diffective data is listed, the date must be of filing.)  If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any faconstitutes a third degree.	temperature of an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State information submitted in a secure felony as provided for in 5.817.155, F.S.
LE V: Effective date, if other than the diffective data is listed, the date must be of filing.)  If the date inserted in this block does no ument's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is exert am aware that any faconstitutes a third degree.	temperate and cannot be more than five business days prior to or 90 at most the applicable statutory filing requirements, this date will not not of State's records.  Incompared to an authorized representative of a member.  Control in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State.

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