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COVER LETTER

TO: New Filing Section Division of Corporations

Summer Jade, LLC

SUBJECT:

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Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenny Dubuisson

Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee					
Firm/Company Firm/Company Address Address Mamm, FL 33179 City/State and Zip Code get@/reekoncept.xyz E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Mame of Person Name of Person Area Code Daytime Telephone Number nclosed is a check for the following amount: SS125.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Stat			Name of Pe	rson	
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Mmm, FL 33179 City/State and Zip Code get@freekoncept.syz E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Kenny Dubuisson 786 at (6432512 Name of Person 6432512 Name of Person Area Code Daytime Telephone Number nclosed is a check for the following amount: RS125.00 Filing Fee S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division The Centre of Tallabassee	20855 NE 16th Ave STI	E C5			
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Tallahassee, FL 32314 Tallahassee, FL 32303	Tallahassee	FL 32314	Та	llahassee, FL 3230.	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Summer Jade, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address: Mailing Address: 20855 NE 16th Ave STE C5 20855 NE 16th Ave STE C5 Miami, FL 33179 Miami, FL 33179

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:

Einception, LLC			EB 2
	Name		5 A
20245 NE 15th Ct B1			Ē
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	0
Miami	FL	33179	5
City	State	Zip	

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.

22 25 227 Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGRM	Free Koncepi, LLC 20855 NE 16th Ave STE C5 Miami, FL 33179
MGRM	SKN Capilai 20855 NE 16th Ave STE C5 Miami, FL 33179
MGR	Kenny Dubuisson 20855 NE 16th Ave STE C5 Miami, FL 33179

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

Kenny Dubuisson

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Kenny Dubuisson

Typed or printed name of signee

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)