

3/26/2021

L21000127517

Division of Corporations

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6381

From:

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Account Number : FCA000000023
Phone : (614)280-3338
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FLORIDA LIMITED LIABILITY CO.

LIMBOPROJECT LLC

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

COSMOSFACTORY LLC
2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134

(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.

REQUIRED SIGNATURE:

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.

Alex Sievlnik, Authorized Representative
Typed or printed name of signer

Typed or printed name of signee

Filing Fees:

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

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