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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 : (305)675-5944 Fax Number

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FLORIDA LIMITED LIABILITY CO. L'AMORE BALLROOMS LLC

Certificate of Status	1	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	6 2
L'AMORE BallRooms UC	2021 HAR (
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit Company is:	
14740 SW 34th St Miakei fl 33185	32
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: 17 he Company cannot serve as its own Registered Agent. You must designate an individual or another hus with an active Florida registration.)	
Daniela Escalona Zozaya	
14740 SW 341 St MIAM FL 33185	
ARTICLE IV The name and title of each person authorized to manage and control t Liability Company: (MGR or AMBR)	he Limited
Sandra Matos Zozaya (AMBR)	
Daniela Escalona Zozaga (AMBR)	

Required Signatures:

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

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 s.817.155, F.S.

Typed or printed name of signed

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 here by 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..

Registered Agent's Signature (REQUIRED)