To: 18506176381 From: 14693173436 Date: 04/02/21 Time: 11:19 AM Page: 01/03

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

: (214)317-4754 Fax Number

> $\bullet \bullet$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil Address:

## FLORIDA LIMITED LIABILITY CO. ALI LAU INVESTMENTS FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARI	IC	LE	I-	Na	me:
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The name of the Limited Liability Company is:

## ALLLAU INVESTMENTS FLORIDA LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
7925NW 12TH STREET	7925NW 12TH STREET
SUITE #109	SUITE #109
DORAL, FL 33126	DORAL, FL 33126

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:

Principal Office Address:

FF POWER TRADI	NG LLC	_
	Name	
7925NW 12TH STR	LEET, SUITE #109	
Florida street addres	s (P.O. Box <u>NOT</u> acce	ptable)
DORAL	FLORIDA	33126
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 l 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)

(CONTINUED)

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

	uthorized Member	
"MGR" <b>-</b> Ma	nager	
AMBR		ALI LAU INVESTMENTS DELAWARE, LLC
		16192 COASTAL HIGHWAY LEWES, DE 19958
		and a state of the
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•	ent if necessary)	te of filing: (OPTIONAL)
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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)