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To:

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

From:

Account Name : GSL ACCOUNTING SERVICES
Account Number : 120200000184
Phone : (786)796-7993
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. ZARAZR LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2021 APR 19 AM 9:07

2021 APR 19 PM 12:35

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")

Zarazr LLC

ARTICLE II - Address:

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

1303 N 46 Ave Hollywood FL 33021

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Andres Zambrano

1303 N 46 Ave Hollywood FL 33021

ARTICLE IV:

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

Andres Zambrano MGR

Ana Maria Robles MANAGER

STATE
TALLAHASSEE, FL

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FILED

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.

Andres Zambrano**Typed or printed name of signee**

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.

**Registered Agent's Signature (REQUIRED)**

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TALLAHASSEE, FL
STATE