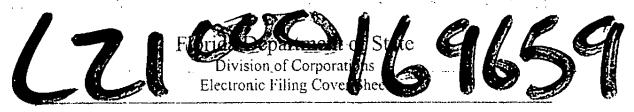
Page: 2 of 4



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000158049 3)))



H210001580483ABC/

	Doing so will generate another cover sheet.	,
To:		دری
	Division of Corporations	E21.
	Fax Number : (850)617-6381	نن
From:		<u>.</u>
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	·
	Account Number : I20000009146	
	Phone : (305)444-4994	_
	Fax Number : (305)444-4977	
**Enter	the email address for this business entity to be used for fu	 ture
an	nual report mailings. Enter only one email address please.**	:
	ail Address:	*

FLORIDA LIMITED LIABILITY CO. RICHLY MEDICATED ART AND COLLECTIBLES, LLG

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		1000			٠.	
-1	ĸТ	H	i . t. i	-	•	me:

The name of the Limited Liability Company is:

RICHLY MEDICATED ART AND COLLECTIB	LES, LLC			
(Must contain the words "Limited Liabili	iry Company, "L.L.C.," or "LLC.")	٠,٠,٠	2021	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:		21 APR	<u>-</u>
Principal Office Address:	Mailing Address:	ASSE	20	
5151 COLLINS AVE	5151 COLLINS AVE	س' س	H	1
#1521	#1521		_	ξ.
MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140		ထု	

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:

RICHARD MALLAU) 4	
	Name	
151 COLLINS AVE.	#1521	
Florida street address	(P,O. Box NOT ac	rceptable)
MIAMI BEACH	FL	33140
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Title: "AMBR" = Authorized Mc	niber	Name and Address:	
	"MGR" = Manager			
	AMBR		RICHARD MALLADA	
			5151 COLLINS AVE. #1521 MIAMI BEACH, FL 33140	
		•		
				7.2
		•		71. 71. 72. 72. 72. 72.
				T.
	•			
				<u> </u>
				117
				t - t
				
m cfl	fective date is listed, the dat of filing.) Fithe date inserted in this blo	e must be specifi ock does not meet	iling: c and cannot be more than five but the applicable statutory filing requirate's records.	isiness days prior to or 90 days
te: I	ment sellective date on the	-		
te: I doci	ment's effective date on the LE VI: Other provisions, if a	ıy.		
t <u>e:</u> I doci	E VI: Other provisions, if a	F.:		
te: I doci	E VI: Other provisions, if a		lada	

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)