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BETTER WAY LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Better Way LLC			
(Must cona	atin the words "Limited	Liability Company,	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
10275 Collins Avenu	ue, Unit 702	1027	5 Collins Avenue, Unit 702
Bal Harbour, FL 331			Harbour, FL 33154
The Limited Liability Company nother business entity with an	y cannot serve as its ow active Florida registrati	on.) ed agent are:	it's Signature: You must designate an individual or
The Limited Liability Company another business entity with an	y cannot serve as its ow active Florida registrati address of the registero Alex Gregory	n Registered Agent. Youn,) ed agent are: Name	it's Signature: You must designate an individual or
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(The Limited Liability Company another business entity with an	y cannot serve as its ow active Florida registration address of the registered Alex Gregory  10275 Collins Aver Florida street address	n Registered Agent. Yound agent are:  Name  Nue, Unit 702	You must designate an individual or
(The Limited Liability Company another business entity with an a	y cannot serve as its ow active Florida registrati address of the registero Alex Gregory 10275 Collins Aver	n Registered Agent. You on.) ed agent are:  Name nue, Unit 702 ess (P.O. Box NOT ac	You must designate an individual or

(CONTINUED)

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-	W 1			IV.

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

AMBR" = Authorized Member MGR" = Manager MGR		
_		
MGR		
1.1.011	Alex Gregory 10275 Collins Avenue, Unit 702	
	Bal Harbour, FL 33154	
	1741 (1411)	
<del> </del>		
Use attachment if necessary)		
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ent's effective date on the Department o		
VI: Other provisions, if any.		
VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	Chegory	
REQUIRED SIGNATURE:  (All)  Signature of a men	CONCENT nber or an authorized representative of a membe	er.
REQUIRED SIGNATURE:  Ally  Signature of a men  This document is execute	nber or an authorized representative of a member of an accordance with section 605.0203 (1) (b), Flor	rida Statutes.
Signature of a men This document is execute I am aware that any false	nber or an authorized representative of a member of a	rida Statutes.
Signature of a men This document is execute I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Flor information submitted in a document to the Departr	rida Statutes.
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