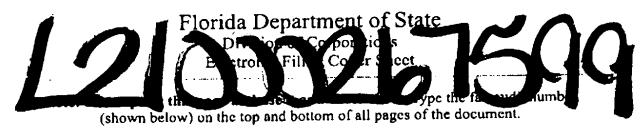
6/8/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone

: (954)384-8565

Fax Number

: (954)385-5175

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

FLORIDA LIMITED LIABILITY CO. MDS COH LLC

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SUBJEC	T: MDS CO	1 LLC				
()0201.0		No	anse of Lin	nited Lisbil	ity Company	
The enc!	osed Articles o	Organization and	d fee(s) ar	c submitted	l for filing.	
Please re	nım all corresp	ondence concerni	ing this me	atter to the	following:	
	DIEGO FIC	UEROA				
				Name of	Person	
	E&FLAT	IN GROUP LLC	_			
				FirnVCo	mpany	
	1820 N CO	RPORATE LAKI	ES BLVD	SUITE 10)	
				Addr	ess.	
	WESTON F	1. 33326	_			
	DIEGOMEE	LATINACCOUN		•	d Zip Code	
					nnual report notificat	ion)
For further	information co	ncerning this mat	tter, please	call:		
	DIEGO FIG	UEROA	at (⁹⁵	4	384 8565	
	Nan	e of Person	Ar	rea Codo	Daytime Telephon	se Number
Enclosed	is a check for t	he following amo	unt:			
□\$125.0	00 Filing Fee	■\$130,00 Fili Certificate of S		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maillir	12 Address			Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

New Filing Section Division

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassoc, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MDS COH LLC			
(Must const	in the words "Limited Lisb	Ility Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The muiling address and street ad	dress of the principal office	of the Limited Liabi	lity Company is:
Principa	l Office Address:		Mailing Address:
14501 GROVE RESC			OVE RESORT AVE
WINTER GARDEN I	² L 34787	WINTER	GARDEN FL 34787
<u> </u>		tiailinia allinata Di	
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Reg ctive Florida registration.) ddress of the registered age	istered Ageni. You n nt are:	gnature: nust designate an individual c
(The Limited Lisbility Company of another business entity with an ac	cannot serve as its own Reg ctive Florida registration.)	istered Ageni. You n at are:	gpature: pust designate an individual c
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Reg ctive Florida registration.) ddress of the registered age E & F LATIN GROUP I.	nt are:	——————————————————————————————————————
ARTICLE III - Registered Ages (The Limited Liability Company another business entity with an act The name and the Florida street a	cannot serve as its own Reg ctive Florida registration.) ddress of the registered age E & F LATIN GROUP I. Na	istered Ageni. You n ist are: I.C mc AKES BLVD SUITE	. 109

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..

State

City

Zip

(CONTINUED)

DAVID COHEN 14501 GROVE RESORT AVE WINTER GARDEN FL 34787 SIMON COHEN
WINTER GARDEN FL 34787
WINTER GARDEN FL 34/87
SIMON COHEN
14501 GROVE RESORT AVE
WINTER GARDEN FL 34787
filing: 06/07/2021 (OPTIONAL) Ic and cannot be more than five business days prior to or 9
filing: 06/07/2021 (OPTIONAL) ic and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no state's records.
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