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.

(((H21000214019 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVACE INC.

Account Number : 12000000146 Phone : (395)444-4994

Fax Number

: (305)444-4977

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 3FOLD PAILLC

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

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Help

From, Yanet Avila

850-617-6381

G/1/2021 1: 37:19 PM PAGE 1/001 Fax Server



June 1, 2021

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: 3 FOLD PA LLC

REF: W21000078839

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS Regulatory Specialist II Letter Number: 821A00011796 New Filings Section

FAX Aud. #: 821000214019

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LI ABILLI Y COMPANY

2021 MAY 28 PM 1: 38

ARTICLE I - Name:

To: 18506176381

The name of the Limited Liability Company is:

SECRETARY OF STATE FALLAHASSEE, FL

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

~			
Principa	al Office Address:		Mailing Address:
17731 SW 137 PLAC	TE.	17	731 SW 137 PLACE
MIAMI, FL. 33177		MI	AMI, FL 33177
ARTICLE III - Registered Ago (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own tetive Florida registration	a Registered Agent on.) d agent are:	ent's Signature: . You must designate an individual or
		Name	***************************************
	17731 SW 137 PLA	CE	
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
	MIAMI	Fl.	33177
	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..

Const Coper

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Yanet Avila

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ROGER FRANCISCO PEREZ
	17731 SW 137 PLACE MIAMI, FL 33177
	MARKET 55.11
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(Use attachment if necessary)	
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Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Cupy (Optional) \$ 5.00 Certificate of Status (Optional)