Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000800019 Phone : (305)552-5973 Fax Number : (305)675-5944

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| Email | Address: | | | | | | | |
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FLORIDA LIMITED LIABILITY CO. K FAB ELITE MIAMI LLC.

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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, "L.L.C.," or "LLC.")

K Fab Elite Miami LLC.

ARTICLE II - Address:

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

205 SE 10m Ave. Hialeah, FL 33010

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.)

Kevin Michael Konchan 205 SE 10+x Ave Hialeah, FL 33010

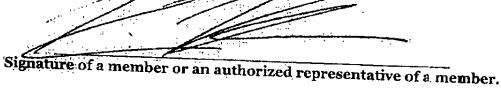
ARTICLE IV-

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

Kevin Michael Konchan .- AMBR

2021 SEP 16 AM ID: 32 SECRETARY OF STATE Required Signatures:

3052201440



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.

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 members 605, P.S.

Registered Agent's Signature (REQUIRED)