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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
LEON GROUP USA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: LEON GROUP USA LLC
REF: W21000139961

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Matthew T Moon FAX Aud. #: H21000392690
Regulatory Specialist II Supervisor Letter Number: 221A00025761
New Filing Section

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LEON GROUP USA LLC

(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:

Principal Office Address:**Mailing Address:**5450 HENDRY ISLES BLVD
CLEWISTON, FL 334405450 HENDRY ISLES BLVD
CLEWISTON, FL 33440**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:

LILLET CABALLERO

Name

5450 HENDRY ISLES BLVDFlorida street address (P.O. Box **NOT** acceptable)

<u>CLEWISTON</u>	<u>FL</u>	<u>33440</u>
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)

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TALLAHASSEE, FL

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

Name and Address:

"MGR" = Manager

OTNIEL LEON

5450 HENDRY ISLES BLVD
CLEWISTON, FL 33440

LILLET CABALLERO

5450 HENDRY ISLES BLVD
CLEWISTON, FL 33440

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 20, 2021. (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

NONE

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

OTNIEL LEON

Typed or printed name of signee