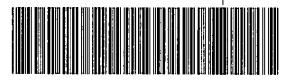
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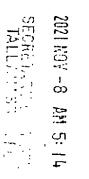
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Boss Tony LLC	<del></del>	7 1 22 6	
(Must cor	natin the words "Limited L	nability Company.	"L.L.C., or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
186 East 27th St		649.	3 SW 8CT
Riviera, FL 33404		Nort	th Lauderdale FL, 33068
·			
The Limited Liability Compan nother business entity with an	active Florida registration	Registered Agent. '	nt's Signature: You must designate an individual or
The Limited Liability Companion ther business entity with an	y cannot serve as its own I active Florida registration	Registered Agent. ` i.) agent are:	
The Limited Liability Compan mother business entity with an	y cannot serve as its own I active Florida registration t address of the registered	Registered Agent. '	
The Limited Liability Compan mother business entity with an	y cannot serve as its own I active Florida registration t address of the registered	Registered Agent. ` i.) agent are:	
	y cannot serve as its own I active Florida registration address of the registered.  Thony Belizaire	Registered Agent. ` i.) agent are: Name	You must designate an individual or
The Limited Liability Companion ther business entity with an	y cannot serve as its own I active Florida registration address of the registered.  Thony Belizaire  6493 SW 8th CT	Registered Agent. ` i.) agent are: Name	You must designate an individual or
The Limited Liability Compan mother business entity with an	y cannot serve as its own I active Florida registration address of the registered.  Thony Belizaire  6493 SW 8th CT Florida street address	Registered Agent. (a.) agent are: Name (P.O. Box <u>NOT</u> ac	You must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2021 HOY -8 AN 5: 14

- 3.	12.	1	( `I	1.	IV.

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

AMBR  Thony Belizaire G43 SW 8th CT North Lauderdale Fl <sub>x</sub> , 33068   V: Effective date, if other than the date of filing:	se attachment if necessary)  f: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member	Name and Address:
Jse attachment if necessary)  V: Effective date, if other than the date of filing:	See attachment if necessary)  7: Effective date, if other than the date of filing:		
See attachment if necessary	Se attachment if necessary)  7: Effective date, if other than the date of filing:		THE TO 1.
North Lauderdale Fl., 33068    North Lauderdale Fl., 33068	North Lauderdale FL, 33068	Aytok	6493 SW 8th CT
Jise attachment if necessary)  V: Effective date, if other than the date of filing:	se attachment if necessary)  /: Effective date, if other than the date of filing:		North Lauderdale FL, 33068
Jse attachment if necessary)  V: Effective date, if other than the date of filing:	se attachment if necessary)  /: Effective date, if other than the date of filing:		
Jse attachment if necessary)  V: Effective date, if other than the date of filing:	se attachment if necessary)  /: Effective date, if other than the date of filing:		
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.  Thony Belizaire  Typed or printed name of Signete  Filing Fees:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)	/: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:	/: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:	/: Effective date, if other than the date of filing:		-
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Jse attachment if necessary)  V: Effective date, if other than the date of filing:	Signature of a member or an authorized representative of a member.  This document is executed in the date any filse information submitted in a document to the Department of State. I am aware that any filse information submitted for in s.817.155, F.S.  Thory Belizaire  Typed or printed name of Stegistered Agent 30.00 Certified Copy (Optional)  5.00 Certified Copy (Optional)  (		
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5.00 Certificate of Status (Optional)		30.00 Certified Copy (Optional)	
· · ·	re-	5.00 Certificate of Status (Opti	onal)

as

"AMBR" A	athorized Member	Name and Address:
"MGR" M		
NGR		THONY BULIZAIRE
		6493 SW S CT NORFIELAUDERDALE FL, 33065
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thise attaches	ent if necessary)	•
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