60 81 Cq (9 11/23/2021 14:48 AM · 14154847068 11/23/21, 2:4 ΡM Di ment Division of Corporations **Electronic Filing Cover Sheet**

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		Account Number	: 104662003400		luić	
		Phone	: (516)935-3940		æ	- 1473
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FLORIDA LIMITED LIABILITY CO.

LFG Ventures LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help

H21000431970

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LFG Ventures LLC

(Must end with 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:

725 NAVARRE AVE	725 NAVARRE AVE
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	202	
another business entity with an active Florida registration.)	NON	55
The name and the Florida street address of the registered agent are:		
STEFANS ZAFFUTO	0	3 3 4
Name	H 12:	2
725 NAVARRE AVE	 יק	

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES	_{FL} 33134
City	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..

Stefans Zaffuto Registere Agent's Strather (REQUIRED)

STEFANS ZAFFUTO

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager AMBR	STEFANS ZAFFUTO		
	725 NAVARRE AVE CORAL GABLES, FL 33134	_	
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(Use attachment if necessary)		0V 23	• •
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and		 	j∬} ∕s after.
the date of filing.)		:21	لمري
ARTICLE VI: Other provisions, if any.		57	
ACTICLE VI: Other provisions, if any.		•••1	_

REQUIRED SIGNATURE:

Stefans Laffeto

Signature of a member or an autorized representative of a member. (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.)

STEFANS ZAFFUTO

Typed or printed name of signce

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