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**To:**

Division of Corporations  
 Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
 FAMILY OFFICE POLARIS LLC**

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

M. MOON

DEC 20 2021

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Office Polaris LLC

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

EFFECTIVE DATE 1-1-2022

## ARTICLE II - Address:

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

Principal Office Address:8727 Shadow Wood Blvd  
Coral Spring, Florida 33071Mailing Address:8727 Shadow Wood Blvd  
Coral Spring, Florida 33071

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:

RAUL IGNACIO POLA CASTILLO

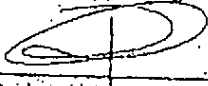
Name

8727 Shadow Wood BlvdFlorida street address (P.O. Box NOT acceptable)

<u>Coral Spring</u>	<u>Florida</u>	<u>33071</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.

②

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 CLERK OF STATE  
 TALAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

\*AMBR\* -- Authorized Member

\*MGR\* -- Manager

**Name and Address:**

MGR

RAÚL IGNÁCIO POLA CASTILLO  
8727 Shadow Wood Blvd  
Coral Spring, Florida 33071

MGR

MARIO ENRIQUE POLA CASTILLO  
8727 Shadow Wood Blvd  
Coral Spring, Florida 33071

MGR

LUIS ALBERTO POLA CASTILLO  
8727 Shadow Wood Blvd  
Coral Spring, Florida 33071

MGR

JEZEBEL BECHARA  
8727 Shadow Wood Blvd  
Coral Spring, Florida 33071

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

x

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.

x

Mario Enrique Pola Castillo

Typed or printed name of signee

STATE OF FLORIDA  
 TALLAHASSEE

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