

L22000015253
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SALES@ELOENTERPRISES.US

**FLORIDA LIMITED LIABILITY CO.
TechMatrix LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 12 PM 12:31

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TechMatrix, 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:

10043 Akenside Drive
Boca Raton, FL 33428

10043 Akenside Drive
Boca Raton, FL 33428

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:

ELO ENTERPRISES, INC.

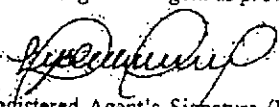
Name

4700 NW Boca Raton Blvd #202

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

<u>Boca Raton</u>	<u>FL</u>	<u>33431</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, FLORIDA

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ARTICLE IV-

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

Title:Name and Address:

AMBR = Authorized Member

MGR = Manager

MGRMonica de Sousa Gazeti10043 Alkesside DriveBoca Raton, FL 33428AMBRRicardo Alexandre Gazeti10043 Alkesside DriveBoca Raton, FL 33428

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/11/2022

(OPTIONAL)

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be held as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Monica de Sousa Gazeti
 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.

Monica de Sousa Gazeti - Manager

Typed or printed name of signer

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 ALABAMA DEPT. OF REVENUE
 ALABAMA

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