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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PROJECT SAPPHIRE, LLC**

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| Certificate of Status | 0 |
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**ARTICLES OF ORGANIZATION
OF
PROJECT SAPPHIRE, LLC**

March 30, 2022

ARTICLE I – Name:

The name of the Limited Liability Company is:

Project Sapphire, LLC

ARTICLE II – Address:

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

Principal Office Address:

Project Sapphire, LLC
2900 NE 7th Ave #2407
Miami, FL 33137

Mailing Address:

Project Sapphire, LLC
2900 NE 7th Ave #2407
Miami, FL 33137

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida street address of the registered agent are:

Ali Razy Ghomeshi
c/o Project Sapphire, LLC
2900 NE 7th Ave #2407
Miami, FL 33137

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.

/s/ Ali Razy Ghomeshi

Registered Agent's Signature

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IN WITNESS WHEREOF, the undersigned Authorized Representative has signed these Articles of Organization as of the date first written above.

/s/ Ali Razzy Ghomeshi
Authorized Representative's Signature

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