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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
ZB FAM GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

**ZB FAM GROUP 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

1424 NE MIAMI PLACE # 2318  
MIAMI, FL. 33132

1424 NE MIAMI PLACE # 2318  
MIAMI, FL. 33132

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:

**JEFFERSON ZULUAGA VELEZ**

Name

**1424 NE MIAMI PLACE # 2318**

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

**MIAMI, FL. 33132**

City, State, and 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 provision 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 608, F.S.

x *Jefferson Zuluaga Velez*

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Registered Agent's Signature ( Required )

**ARTICLE IV - Manager(s ) or Managing Member(s).**

The name and address of each Manager or Managing Member is as Follows

Title Name and Address.

"MGR" = Manager

"MGRM" = Managing Member

MGRM JEFFERSON ZULUAGA VELEZ  
1424 NE MIAMI PLACE # 2318  
MIAMI, FL. 33132

MGRM VANESSA BOTERO MONCADA  
1424 NE MIAMI PLACE # 2318  
MIAMI, FL. 33132

( Use attachment if necessary )

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:**  
03/29/2022. (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.)

**REQUIRED SIGNATURE:**

x 

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

I hereby certify that the foregoing is a true and correct copy of the original of the document filed with the Secretary of State of Florida, and that the same has been filed for the record of the public.

JEFFERSON ZULUAGA VELEZ

Typed or printed name of signor

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